

SAMPLE – Written Warning for Attendance

[Date]

[Name]
[Address]

Via [Hand Delivery OR Certified Mail No. _____]

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to emphasize the seriousness of your attendance record (absenteeism) as a [classification] with the [agency/department name] and to reprimand you for failing to meet acceptable attendance standards. Further, you are hereby warned of additional disciplinary action if your attendance does not improve. Because your absences from work are occurring so frequently, your attendance cannot be relied on and your services with the [agency/department name] are of greatly reduced value. Attendance at work is an essential element of your position and the employment relationship.

To illustrate your failure to report for work as scheduled, I have summarized below your sick [and emergency annual, if appropriate] leave usage for the period [date] through [date - at least 3 months but no more than 6 months recommended].

Total Hrs.	Avail. Work Hrs.	SL Used	SL as % of Avail. Work Hrs.
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[Available work hours equal total scheduled work hours in the month minus pre-approved annual leave, pre-approved compensatory time off, and holiday leave, overtime work hours, supported sick leave, approved medical and personal leaves of absence without pay, including Worker's Compensation leave of absence, education leave, required military leave, court/jury/hearing leave; approved organ donation leave; approved disaster service leave; and holidays taken on alternative days, as provided in the Administrative Rule. Note: unsupported sick leave, unauthorized leave, and suspensions, if attendance-related, are included in available work hours.]

From [date] through [date], you have been absent from work without prior authorization on [number] occasions during this [number] working day period. Of additional importance is the fact that [number] of the annual leave hours, although paid, were not properly requested in advance according to agency and West Virginia Division of Personnel attendance and leave rules. I believe this demonstrates your continued unwillingness to adhere to established rules concerning prior request of leave. Of no less importance is the fact that [number] of your [number] absences occurred in conjunction with scheduled days off, weekends, and/or holidays.

You have been verbally counseled on numerous occasions concerning your unacceptable level of attendance and failure to follow procedure when requesting leave. Your supervisor, [name], [title], has discussed with you many times your attendance deficiencies. Despite management intervention, you

have consistently failed to meet reasonable expectations. It is my sincere hope that this corrective measure will cause you to understand the seriousness of your unacceptable level of attendance.

No element of employment is more basic than the right of the employer to expect employees to report for work as scheduled and to comply with established procedures for requesting and reporting absences. Your record of frequent absences has placed an undue hardship on this **[section/unit]** as well as on your co-workers who must assume your assigned duties during your absences **[use only if this is a true statement]**. Your frequent absences also interfere with your supervisor's ability to appropriately staff the **[section/unit]** based on workflow. Further, your lack of dependability compromises my ability to assign you important projects. Regardless of the reason(s) for an employee's absence, when absence occurs so frequently that an employee's presence cannot be counted on, the employee's value to the employer is reduced proportionally. For this reason, effective immediately upon receipt of this letter, I am requiring you to present a completed form DOP-L3, Physician's/Practitioner's Statement (enclosed) for all sick leave usage, including family sick leave and annual leave used upon the exhaustion of sick leave. Failure to present the certificate within two days of your return to work will result in your pay being docked for the entire period of absence.

So there is no misunderstanding concerning my authority to require this additional documentation, I refer you to subsection 14.5, Suspected Misuse of Leave, of the West Virginia Division of Personnel *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, which is quoted below and **[reference and insert applicable agency policy language]**:

[Insert current Subsection 14.5 here]

[If applicable, insert agency policy excerpt]

Additionally, I remind you that annual leave must be requested in advance. Based on your attendance record, it is necessary to impose a restriction on the usage of your annual leave. Effective immediately, no annual leave will be approved unless it is requested by you at least forty-eight (48) calendar hours in advance of when it is to be taken. If an emergency occurs, contact me personally by telephone, and I will consider the situation on its merits. Absences for which you present no physician's certificate and are not deemed to be an emergency by me, will be charged as unauthorized leave for which your pay will be docked in the next pay period. **[If applicable]** You are hereby warned that in accordance with the Division of Personnel's *Delayed Payroll Assignment* policy (DOP-P14), two unauthorized leaves shall result in mandatory permanent placement on the delayed payroll where paychecks are issued a full pay period after the end of the pay period wherein the work was performed. A copy of the policy is enclosed.

You are reminded that your work schedule is **[times]**, **[day]**, through **[day]**, and your scheduled meal period is from **[time]** to **[time]**. Any deviation from this schedule requires my advance approval. So there is no misunderstanding, I am again directing that you report any unscheduled absences or tardiness to me personally, by telephone, no later than forty-five minutes after the start of your scheduled workday. In my absence, you are to personally report, by telephone, such absences or tardiness to **[Identify person – suggest it be next person up the chain of command]**. You are specifically directed not to leave a voice mail, electronic mail, or other message, in lieu of speaking with me, or in my absence, **[name]**. Upon return to work, you are to immediately submit an application for the unscheduled leave to your supervisor for review.

The restrictions outlined in this letter will continue in effect **[insert time frame – at least 3 months but no more than 6 months recommended]** to allow you time to demonstrate an acceptable level of attendance and the ability to meet established standards. Your supervisor will closely monitor all aspects of your work performance and will meet with you periodically during this time to discuss your progress and provide you with direction and feedback. At the end of the **[# of months]** period, I will review your attendance record to determine if a lifting of the restrictions, in whole or in part, is merited. Failure to show improvement, or any further incidents of leave misuse, will be viewed as an unwillingness to meet the required standards of work and will result in progressive disciplinary measures.

The State of West Virginia and its agencies have reason to expect their employees to observe a standard of conduct that will not reflect discredit on the abilities and integrity of their employees, or create suspicion with reference to their employees' capability in discharging their duties and responsibilities. I believe the nature of your unacceptable attendance is sufficient to cause me to conclude that you did not meet a reasonable standard of performance as an employee of **[agency/department name]**, thus warranting this written reprimand.

If your attendance problems are the result of medical and/or personal problems, I suggest you may want to contact the physician, practitioner, or counseling service of your choice. Whether or not you choose to do so is your decision. I am, however, obligated to ensure that you **[report for duty as scheduled, observe established rules, meet performance expectations, etc.]**. You may also obtain information on the State of West Virginia's Employee Referral Program by contacting the Division of Personnel at (304) 558-3950, extension 57247, or by visiting the web site at www.state.wv.us/admin/personnel/classes/erp/refbook.pdf.

You may respond to me, in person and/or in writing, concerning the contents of this letter, provided you do so within eight (8) calendar days **[Response period not required by DOP law, rule, or policy but is suggested as part of due process. Length of response period is determined by the agency.]** of its date. For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the effective date of this action, to **[name and address of Chief Administrator]** at Level One of the Procedure. As provided in the statute, you may proceed to Level Three of the Procedure by filing your grievance directly with the Public Employees Grievance Board upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified resulting in a loss of compensation or benefits. You must provide copies of your grievance accordingly to the Public Employees Grievance Board at 1596 Kanawha Boulevard, East, Charleston, West Virginia, 25311; **[agency copy - name and address]**; and the Director of the Division of Personnel, Building 6, Room B-416, State Capitol Complex, Charleston, West Virginia, 25305. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's web site at www.pegb.wv.gov or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743. **[Grievance rights are optional. May just provide response period.]**

I would like to confirm my receptiveness to any reasonable suggestion as to how I might assist you during this improvement period. I sincerely hope you will correct your attendance deficiencies. Please be advised that this letter is intended to serve as a formal warning in that regard. I assure you it is my intention to maintain the integrity of our standard of conduct which provides the **[agency/department name]** and its employees with a means to ensure its efficient and effective operation. Accordingly, I must inform you that you are expected to fulfill your responsibilities as a dependable and conscientious

employee. Continued unacceptable attendance, performance, and/or conduct could result in further disciplinary action, up to and including dismissal.

Please sign one copy of this letter indicating your receipt of this written warning, and return to me. Your signature does not indicate agreement or disagreement with the contents; it only verifies that you received this letter. A copy will be placed in your confidential agency personnel file.

Sincerely,

[Appropriate Signature Authority]

Enclosures

c: Agency Personnel File
West Virginia Division of Personnel

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[NOTE: Revised 6/2013. Ensure law, rule, and policy language is current.]