

# Summary Record of Absence/Tardiness

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ SSN: \_\_\_\_\_

In reviewing an employee's overall attendance record, occurrences where the absence or tardiness was unscheduled or not pre-approved by the supervisor will be used in identifying attendance problems.

The following is a summary record of absence and/or tardiness:

- |                          |                                  |                              |
|--------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> | Unexcused or Unplanned Absence   | Date(s) of Occurrence: _____ |
| <input type="checkbox"/> | Unexcused or Unplanned Tardiness | Date(s) of Occurrence: _____ |
| <input type="checkbox"/> | Excused Absence                  | Date(s) of Occurrence: _____ |
| <input type="checkbox"/> | Excused Tardiness                | Date(s) of Occurrence: _____ |

\_\_\_\_\_ Number of unexcused/unplanned occurrences in the past \_\_\_\_\_ month(s).

DETAILS (attach any related documentation): \_\_\_\_\_

Employee Statement: \_\_\_\_\_

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Please be advised that future incidents of unexcused/unplanned absence and/or tardiness could invoke strict application of the Sick Leave Policy as well as further progressive disciplinary steps that could result in more severe disciplinary action, up to and including termination.

You are hereby notified that the State provides confidential services to help employees who face personal matters that may adversely affect their lives and job performance. The toll free telephone number for the Employee Assistance Program (EAP) is 1-800-XXX-XXXX.

\_\_\_\_\_  
Supervisor's Signature/Date

\_\_\_\_\_  
Employee's Signature/Date

NOTE: Employee's signature does not constitute agreement with supervisor's statement, only that the employee has been notified.

cc: Personnel file (Human Resources)