

**SAMPLE – Attendance Improvement Plan**

[Date]

[Name]  
[Address]

Via Hand Delivery / Certified Mail No.\_\_\_\_\_

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to emphasize the seriousness of your attendance record (absenteeism) with the [agency/department name] and to confirm in writing our discussion of [date] concerning your unacceptable level of attendance. Further, this letter is to establish my expectations, which I have outlined in a Performance Improvement Plan, to be commenced immediately. I have developed this corrective measure to assist you in bringing your level of attendance as a [classification] to an acceptable standard.

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.

**[Include details regarding previous counseling, warnings, suspensions, etc. Also, include information regarding previous failure to follow procedure when requesting leave such as not calling in correctly or submitting leave request forms in a timely manner.]**

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 Subsection14.5 here]**

**[Insert applicable 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.

You are reminded that your work schedule is **[time]** to **[time]**, **[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 **[name and title – suggest it be next person up the chain of command]**. You are specifically directed not to leave a voice mail 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.

If your unacceptable level of attendance is 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](http://www.state.wv.us/admin/personnel/classes/erp/refbook.pdf).

I believe you have the ability to meet the attendance standards of your position, and that you will be able to achieve and maintain an acceptable level of attendance. If there is any assistance I may provide to you during your Performance Improvement Plan period, please contact me. I will do, within reason, whatever I can to help you be successful, but whether you meet that goal is entirely in your hands. I assure you it is my intention to maintain the integrity of our standard of performance and 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.

Please sign one copy of this letter indicating your receipt of this Performance Improvement Plan, 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.

I look forward to your success with the Performance Improvement Plan.

Sincerely,

**[Appropriate Signature Authority]**

Enclosure

c: Agency Personnel File

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

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Employee Signature

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Date

*[\*Revised 6/2013. Ensure law, rule, and policy language is current. It is important to note that the West Virginia Public Employees Grievance Board has considered verbal and written warnings disciplinary action as it pertains to burden of evidence in a grievance proceeding and the employee's right to representation as it pertains to burden of evidence in a grievance proceeding and the employee's right to*

*representation at "any meeting that is held with the employee for the purpose of discussing or considering disciplinary action". The Board has also held that an employee is not entitled to representation at counseling sessions and evaluation meetings where the intent is solely to advise employees of issues related to their employment so that the employee may improve, provided that the supervisor informs the employee that behavior discussed or revealed at the meeting will not lead to discipline. This letter lacks language of warning as it is intended to be used for coaching purposes rather than discipline. Further, Division of Personnel law, rule, and policy do not require due process such as a predetermination conference, notice period, and right to appeal until the employee is being considered for suspension, demotion, or dismissal.]*