

Appendix A: Example Memorandum for Leave Restriction Notice

MEMORANDUM FOR XXX

SUBJECT: Leave Restriction

1. While I am deeply concerned about the medical issues you have presented, I find it necessary to issue this leave restriction memorandum because of your unreliable attendance. [Explain]. Accordingly, for the next six months, you must adhere to the following restrictions on your use of leave. Failure to do so will result in charging your unexcused absences to absence without leave (AWOL), which is a non-pay status and which may result in disciplinary action, including removal from the federal service. You should also be aware that your failure to maintain a regular and predictable work schedule could also result in your removal from the federal service. [You should mention prior counseling you may have given where you informed the employee of leave procedures, impact on the agency, etc.].

2. You must personally contact me at (XXX) XXX-XXXX no later than 0900 on the day of an unscheduled absence to request approval of your absence. Such unscheduled leave must be a bona fide emergency as determined by me or my designee. If I am unavailable when you call, you must leave me a message giving a telephone number where you can be reached during the day. You should then call Mr./Ms. XXX at (XXX) XXX-XXXX to let him/her know of your unscheduled absence and leave a number where you may be contacted. I or someone else in your chain of command will return your call as soon as possible. You may not assume that your absence is approved until you receive confirmation from me or someone else in your chain of command.

3. You should be prepared to provide supporting documentation for any emergency leave request. For example, if you need to stay home to care for a sick family member, you should be prepared to provide medical certification as described below showing that the family member was ill and required care at home. Failure to provide acceptable documentation for an unscheduled absence may be the basis for charging the absence to AWOL.

4. All future requests for sick leave (or annual leave or leave without pay (LWOP) in lieu of sick leave) must be supported by a medical certificate as described below before the absence will be considered for approval. You must furnish the certificate by close of business no later than three days following the sick leave absence. Pending receipt of the certificate and approval of leave, your absence will be recorded as AWOL. While I reserve the right to request additional clarifying or supplemental information, a medical certificate must contain the following minimum information to be considered acceptable:

a. Your name.

b. A statement that you were incapacitated for duty and/or why reporting for duty was inadvisable, and the medical basis for that determination (e.g., tests, examination, etc.).

c. The nature of the incapacitation and the duration of the period of incapacitation. If you (or the person for whom you are providing care) are not examined on the first day of incapacitation, the medical practitioner must explain how he/she determined the incapacitation prior to the examination.

d. The medical practitioner's typed name, title, signature, address, telephone number, date(s) of office visit(s), and date of certificate.

5. Unless you have invoked your entitlement to coverage under the Family and Medical Leave Act (FMLA) or other leave entitlement program, I will only authorize accrued leave or LWOP if your services can be spared without detriment to the work performed in this office and if you have properly requested leave. You should be prepared to provide documentation supporting any request for LWOP, since that is not an earned leave category.

6. If you have a serious health condition that makes you unable to perform the essential functions of your positions you may qualify for certain protections under the FMLA, which entitles you to a total of up to twelve workweeks of unpaid leave during any twelve-month period. Under certain conditions, an employee may use the twelve weeks of FMLA leave intermittently. An employee may elect to substitute their annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. If you wish to claim protections under the Family and Medical Leave Act, you should notify me of your intent to take family and medical leave. Here is a website with a synopsis of the Family and Medical Leave Act: <http://www.opm.gov/oca/leave/HTML/fmlafac2.asp>. The pertinent regulations and the form are on this website.

7. All leave requests, whether they are emergencies or made in advance, must be documented by means of the Automated Time Attendance and Production System (ATAAPS). For emergency leave requests, ATAAPS requests must be submitted to me on the day you return to work following the unscheduled absence if not already provided in conjunction with one of the requirements above. In requesting approval for an absence, you must specify if you are invoking your entitlement to FMLA or other leave entitlement program, if you have accrued leave to cover the absence and wish to use it, or if any part of the absence would be LWOP not covered by a leave entitlement program.

8. Annual leave and routine medical, dental, or optical appointments must be scheduled and approved at least fourteen days in advance of the day you wish to take leave.

9. I will not grant advance leave until you have demonstrated such reliable attendance that I am reasonably confident that you will be able to earn back any leave advanced to you.

10. Inasmuch as a record of poor attendance may be an indication of underlying problems, you may wish to utilize available counseling services. The [Fort Swampy] Employee Assistance Program (EAP) offers expert guidance and counseling for employees who may need assistance in dealing with problems affecting their work. Employees will not have their job security

jeopardized by their request for assistance, and the confidential nature of the program will be strictly preserved. If you feel that these services may be beneficial, you may contact the [Fort Swampy] EAP at (XXX) XXX-XXXX for further information or for an appointment.

11. As a federal employee, you are responsible for performing the official duties of your position and for conducting yourself in an appropriate manner. You are expected to report to work ready, willing, and able to perform the duties of your position. I am available to discuss this memorandum or to answer questions you may have about leave procedures. The primary responsibility for improvement rests with you. I emphasize that failure to comply with the provisions set forth in this memorandum may result in formal disciplinary action.

12. We remain concerned for your welfare and hope for your full recovery. We have an important mission to perform and your absences have had a demonstrated impact on that mission.

13. If you have any questions about leave entitlements, discipline, or other matters covered in this memorandum, you may contact [Sam Smith], Human Resources Specialist, [Fort Swampy] CPAC at (XXX) XXX-XXXX.

Respectfully,

[Supervisor's Signature Block]

Receipt Acknowledged:

Employee Signature

Date