**Attendance Review Form**

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| **Employee Name:** |  | **Date** |  |
| **Job Class:** |  | **Length of State Service:** |  |
| **Review Period:** |  |
| **Number of days of unscheduled absence:** |  | **Number of hours of unscheduled absence:** |  |
| **Number of separate occasions of tardiness:** |  | **Total tardiness (hrs./min.):** |  |
| **Total number of occasions of unscheduled absence:** |  |
| **Any unauthorized leave?** ***If so, describe:*** |  |
|  |
|  |
| **Any long-term absence, whether scheduled or not?** ***If so, describe:*** |  |
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|  |
| **Any patterned unscheduled absences? *If so, describe:*** |  |
| **Employee’s explanation for unscheduled absences:** |  |
| **Has the employee’s unscheduled absenteeism exceeded levels in department guidelines?**  |  | **During the preceding review period?** |  | **Prior to that?** |  |
| **Has the employee taken any steps to improve attendance? If so, what steps?** |  |
| **List any pervious counseling that has occurred:** |  |
| **List any pervious warnings/disciplines which have occurred:** |  |
| **Has EAP referral been offered/discussed?**  |  | **Date:** |  |
| **List additional factors you feel should be considered:** |  |
| **What action do you recommend? Why?** |  |

**SUPERVISOR SIGNATURE: DATE SUBMITTED TO HR:**