**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:*** |  | | | | | | | | |
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| **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:**