**Military Department**

**Sick Leave Review Form**

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Employee’s Name State ID #

Review of Sick Leave

A review of your leave record indicates that you have had \_\_\_\_\_\_\_ undocumented occasions of sick leave for the period of May 2016 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_ A review of your leave record indicates that usage is within policy guidelines.

\_\_\_\_\_\_ Consider this a verbal counseling because you have 5 or more undocumented occasions of sick leave and on the next undocumented occasion of sick leave, *you may be placed on* a One-Day Documentation Requirement.

\_\_\_\_\_\_ Consider this a verbal counseling since a review of your leave record indicates that you have a consistent pattern of maintaining a zero or near zero balance of sick leave without documentation of the need for such relatively high unitization (40 hours or less in 12 month period). On the next undocumented occasion of sick leave, *you may be placed on* a One-Day Documentation Requirement.

\_\_\_\_\_\_ Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Supervisor’s Signature Date Employee’s Signature Date