

DATE:

TO: Tim Young, Labor Relations Director

FROM:

RE: Sick Leave Counseling

EMPLOYEE: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DIVISION: \_\_\_\_\_

**CHECK ONE:**

I am requesting authority to counsel the above employee regarding his/her sick leave usage pursuant to Article 17, Section 1, of the contract between the City and Local 251.

I am requesting that the above employee be counseled regarding sick leave usage.

By Supervisor

By Labor Relations Director

The following information regarding the above employee's use of sick leave is current as of:

\_\_\_\_\_

1. How long has this person been employed by the City? \_\_\_\_\_
2. Sick leave balance \_\_\_\_\_
3. How many hours of sick leave has this employee used this year? \_\_\_\_\_
4. This employee's sick leave usage in past years:  
20\_\_\_\_:  
20\_\_\_\_:  
20\_\_\_\_:
5. What is the average sick leave usage of all employees in this work area? \_\_\_\_\_
6. Prior counseling during past year:
  
7. What are the employee's normal days off?
  
8. See attached sheet.

