

Coaching and Counseling Memo

Name:	
Title:	Shift:
Department:	Date of Coaching and Counseling Memo:

Reason for the memo: Potential for Excessive Absenteeism
 Examples and dates of behavior/activity: See Below

You are receiving this memo because as of date you are nearing the amount of acceptable sick time (# of annual hours hours) available to you (absences covered by an appropriate doctor's note are not counted toward this excessive determination). Our records indicate that you have taken a total of total # of hours taken to date hours with # of hours not covered by doctor's note hours not covered by an appropriate doctor's note.

- You have missed the following days:
- Month/Day - # of hours* hours
 - Month/Day - # of hours* hours
 - Month/Day - # of hours* hours
 - Month/Day - # of hours* hours (Doctor's note provided)
 - Month/Day - # of hours* hours (Doctor's note provided)
 - Month/Day - # of hours* hours
 - Month/Day - # of hours* hours
 - Month/Day - # of hours* hours

This memo is also intended to inform you that out of a total annual allotment of total # of annual paid hours paid sick hours you have already used total # paid sick hours used hours of paid sick time. This only leaves you with # of paid sick hours remaining paid sick hours for the remainder of the calendar year.

The employee was informed of the seriousness of the discussion, and that further undocumented absenteeism may necessitate disciplinary action.

Employee's reaction was: _____

Employee Signature: _____ Date: _____
I understand that my signature indicates that this document has been discussed with me and I have received a copy of it; it does not necessarily indicate agreement with the facts or actions stated. If I disagree, it is my option and responsibility to comment as appropriate.

Supervisor Signature: _____ Date: _____
 Copies should be given to: Employee, Human Resources and Department