APPENDIX F
SICK LEAVE RESTRICTION TEMPLATE

This letter concerns your use of sick leave or other leave (i.e. annual, LWOP) in lieu of sick leave. For the purpose of this letter, a reference to 'leave' applies only to absences utilizing sick leave or other leave in lieu of sick leave.

This is follow up to the recent leave counseling that took place on **[INSERT DATE(S) OF EMPLOYEE LEAVE COUNSELING HERE]** regarding your potential abuse of leave.

This is to inform you that my careful review of your leave usage has revealed a pattern that I consider to be an abuse of leave. In view of your overall use of leave since **[INSERT DATE]**, I have observed a pattern of leave usage that includes: **[PROVIDE THE SPECIFIC REASONS FOR THE ISSUANCE OF THE LEAVE RESTRICTION LETTER HERE]**.

Following the review of your leave usage for the period specified above, I have determined there is a reasonable belief you may be abusing sick leave or leave in lieu of sick leave. Therefore, in accordance with Article 25, Section 7, effective the date of receipt of this letter and for a period of time, not to exceed six (6) months, you will be required to provide a medical certificate, to substantiate the request that covers the period of each subsequent absence for which you request sick leave or other leave in lieu of sick leave. A registered physician or other health practitioner must sign the medical certificate. Failure to comply with the provisions of this leave restriction letter may result in charge to absence without leave (AWOL). AWOL is non-disciplinary but may form the basis for disciplinary action.

This written instruction to provide a medical certificate applies to all absences utilizing sick leave or other leave in lieu of sick leave for which you may be required to furnish a medical certificate for that day.

Requests for FMLA and LWOP may be subject to approval based on separate and distinct documentation and notification requirements.

In the event that you may have a personal or health problem, which is adversely affecting your ability to maintain a regular and reliable attendance record, assistance is available through the Employee Assistance program (EAP). This is a free and confidential service and I strongly encourage you to take advantage of this assistance if needed. Assistance is available through the EAP Hotline at 1-800-234-1 EAP or visiting the EAP website at: www.magellanhealth.com.