

Sample: **Restriction Memorandum**

MEMORANDUM FOR:

FROM:

Subject: Restriction on Absences from Duty

1. On \_\_\_\_\_ (date), you were given a memorandum, dated \_\_\_\_\_, warning you that your absences from duty during the period \_\_\_\_\_ to \_\_\_\_\_ (not more than the prior 12 months) were a concern, and in fact, appeared to be an abuse of leave because (include only whichever of the following is relevant):
  - (a) proper procedures were not followed in requesting approval of your absence(s) from duty; or
  - (b) this pattern of absence(s) has been disruptive to the mission of the office; or
  - (c) your pattern of absence(s) appeared to indicate a misuse of leave.
  
2. In that memorandum, you were:
  - (a) advised of the specific concerns about your attendance;
  - (b) warned that if the attendance problems identified therein were not corrected that serious restrictions could be placed on your use of leave; and
  - (c) cautioned that the warning would remain in effect for one year.

NOTE: Please refer to the “NOTE” in the warning memorandum regarding the definition in this context of the term “leave.” If the broader concept – that is, of an absence during core hours which is charged to credit time – is applicable, that should be reiterated in this memorandum.

3. As recently discussed with you on \_\_\_\_\_ (date), since receiving that memorandum, your absences have continued to be an abuse of leave because (include only whichever of the following is applicable):
  - (a) proper procedures were not followed in requesting approval

of your absence(s) from duty;

- (b) the pattern of your absences is disruptive to the mission of the office;  
or
- (c) your pattern of absences appears to indicate a misuse of leave.

4. Specifically:

NOTE: Please refer to the sample memorandum of warning for points and possible examples to be considered when specifying absences considered an abuse of leave.

5. As a result, effective immediately and for six months (or a specified lesser period) from the date you receive this memorandum, the following restrictions apply to your absences.

NOTE: Included only whichever of the following is relevant to the type of absence which was identified as a problem in the warning memorandum and which continues to be abused – e.g., if the problem is limited to repeated use of annual leave which has not been requested and approved in advance, a restriction requiring medical documentation to validate any absence due to illness is not necessarily appropriate.

- (a) Requests for annual leave must be submitted to me in writing (for example, on an Application for Leave – SF 71) for approval in advance – that is, sufficiently in advance of the desired start of the leave that plans to cover work requirements can be made by me.
- (b) If you wish to request annual leave on an emergency basis, you must contact me personally as soon as possible. If I am not available you may contact \_\_\_\_\_, or you may leave a message for me with \_\_\_\_\_ with the telephone number where you can be reached. These same requirements must be met on each subsequent day of a continuous absence. (This requirement may be made more or less restrictive to address specific concerns prompted by the employee's abuse of leave; however, in any case, the requirement must be made explicit here.) In addition, unless you can establish to my satisfaction that a genuine emergency existed, your absence will be charged to absence without leave (AWOL), and may become the basis for disciplinary action against you. As no other individual has authority

to approve leave on an emergency basis for you, you should not assume that such leave will be approved when you simply call the receptionist or another co-worker and indicate that you will not be in.

- (c) Requests for sick leave for a regularly scheduled medical, Dental, or optical appointment must be submitted to me in writing (for Example, on an Application for Leave – SF 71) and in advance – that is, sufficiently in advance of the desired time of the leave that plans to cover work requirements can be made by me.
- (d) All other sick leave -- regardless of duration – must be supported by a medical certificate from the treating practitioner (which may be a physician, Physician’s Assistant (PA), or a Nurse Practitioner (NP) . Such certificate must indicate:

- the nature of the medical condition which incapacitated you from duty;
- the estimated duration of the incapacitation;
- the date of your office visit to the treating practitioner; and
- the practitioner’s name, signature, profession (e.g. MD and PA, NP), address and telephone number.

Such a certificate must be provided to me not later than the end of the pay period in which you return to duty. In addition, on the first day of your absence, you must contact me personally to request leave not later than two hours after the beginning of your work day. If I am not available, you may contact \_\_\_\_\_ or you may leave a message for me with \_\_\_\_\_ with the telephone number where you can be reached. These same requirements must be met on each subsequent day of a continuing absence.

- 6. Failure to comply with the above requirement(s) regarding the procedures for obtaining approval of an absence from duty and/or to notify me (and/or, if applicable, to provide the required medical certification within the specified time frame) may result in your absence being charged to absence without leave (AWOL), and may become the basis for disciplinary action against you.

NOTE: DOL policy specifies that AWOL may be charged in increments of one hour. If the period of time for which leave is denied is less than a full hour, the employee may not be required to work during the remainder of time covered by the AWOL charge.

- 7. Finally, as indicated in the warning memorandum, dated \_\_\_\_\_ in the event you have a personal, family, or other health problem which may be contributing to the warning memorandum , which are designed to

assist employees remedy such problems. If you have not previously availed yourself of these services, you may wish to do so now.

8. If you wish, this memorandum may be made the subject of a grievance under Article 15 of the DOL/NCFLA Agreement.

NOTE: Prior to issuing this leave restriction notice, supervisors should consult with the servicing personnel office to receive advice and guidance.

Place emphasis on trying to help employees with medical , emotional, or other problems related to the leave problems through the use of the employer assistance program (EAPs) and the authority given the agency under 5 CFR 339 to offer medical and/or psychiatric examinations.

Inasmuch as these sample memoranda are an integral part of the agreement between the parties. Their terms should be adhered to closely, although the facts of each employee's situation will require tailoring of the description of the problem and the restrictions imposed.

Attachment

cc: Regional Employee Relations Officers  
Regional Labor Relations Officers