Expectations of your role, (EMPLOYEE POSITION), include regular attendance and punctuality.

Hilltop’s Attendance, Absenteeism and Tardiness policy (page \_\_ of the employee handbook) outlines the expectation that all employees will report for duty as scheduled and be consistent in their attendance.

The (PROGRAM NAME)’s attendance policy is: (ENTER PROGRAM SPECIFIC ATTENDANCE POLICY)

Throughout your employment, we have discussed attendance issues on (DATES OF CONVERSATION). On (DATE), you set a redirection plan with your supervisor.

Since the redirection, you have missed the following days and/or have been late to your scheduled shift:

|  |  |  |
| --- | --- | --- |
| Date  | Hours Missed | Does this absence fall under HFWA protection in the past 12 months? If yes, it won’t count against your attendance but will be noted to confirm you received this protected time off. |
|  |  | (Yes or No) |
|  |  |  |
|  |  |  |
|  |  |  |

Unfortunately, the redirection plan was unsuccessful. We are asking you to decide if this role is the right fit for you. If this is the right fit for you, please tell us how you will improve your regular attendance and punctuality.

|  |
| --- |
| What will the employee do to improve performance?  |

|  |
| --- |
| Additional Comments:  |

*To be successful in your position, it is essential your performance improve in the areas discussed. For the next \_\_\_\_\_ days, follow up will occur frequently to assess your improvements. This plan is not intended to be an employment contract or guarantee of continued employment.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if applicable) Date

|  |  |
| --- | --- |
| Date of follow up | Employee & Supervisor notes on plan progress & completion |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*After completion, the plan and progress notes will be uploaded into your employee file.*

**Date of Completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_