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).

Since this discussion, 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) |
|  |  |  |
|  |  |  |
|  |  |  |

To assist you in meeting the expectation of regular attendance and punctuality, the following plan has been developed between you and your supervisor, (SUPERVISOR NAME).

|  |
| --- |
| How do we get there? *(Discuss strategies and resources employee may need to meet expectations, document these in this box as the discussion is occurring.)* |

*For the next \_\_\_\_\_ days, we’ll work more closely together to help you succeed in the areas we discussed. Please note although we’re committed to helping you be as successful as possible, this plan is not intended as an employment contract and doesn’t guarantee continued employment.*

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

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

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_