SUBJECT Departmental Policy No. 3-7 ATTENDANCE STANDARDS Effective: Upon Approval

I. PURPOSE

To standardize and communicate attendance standards and expectations.

II. SCOPE

This policy applies to all Department of Public Works and Engineering (PWE) employees and supersedes any other former Departmental policy, procedure or directive.

III. DEFINITIONS

64 Hour Rule – As described in the Houston Code of Ordinances, Chapter 14-227, an employee must bring an original doctor's statement in order to be eligible for any use of sick leave beyond 64 hours during a benefit year (see Attachment A). The use of Restrictive Leave and/or Attendance monitoring for employees over 64 hours is at the discretion of management. Use of the sample doctor's statement (see Attachment B) is not required, but the statement provided should include the same information.

Attendance Monitoring – Formal monitoring of the employee's attendance with review of attendance every three (3) months. This review will consist of a face-to-face meeting between the supervisor and employee with the goal of reviewing progress, offering assistance, identifying problems/solutions and ensuring compliance. It is not considered a disciplinary action and may be used at the discretion of management. When positive corrective action results from a violation of this policy or Departmental Policy 3-38, Notice of Absence Policy, Attendance Monitoring should be used and should continue during the active period of the positive corrective action (see Attachment C).

<u>Excessive (unacceptable) absenteeism</u> - Absences beyond 80 hours in a 12 month period (sick or dock) may be considered excessive and result in positive corrective action as described in Departmental Policy 1-24, Superior Performance Program. **NOTE:** Any absence designated as Family Medical Leave (FML) cannot be considered when applying this policy.

<u>Job Abandonment</u> – after 3 or more days, an employee who stops reporting to work or calling in may be considered to have abandoned their job. Management must document their attempts to contact the employee (see Attachment D). Should this effort fail to reveal an acceptable explanation for the employee's absence, this form can be attached to Recommendation for Indefinite Suspension or Probationary Termination, depending on the Civil Service status of the employee.

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<u>Restrictive Leave</u> – Formal restrictions placed on an employee's options for leave. It is not considered a disciplinary action and may be used at the discretion of management (see **Attachment E**).

<u>Three consecutive days of sick leave</u> – An employee who is absent for 3 or more consecutive days and requests the use of sick leave, may be required to provide a physicians statement before returning to duty and/or to be compensated for the absences. This would not necessarily apply for absences approved under FML.

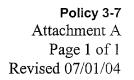
IV. POLICY

Employees are expected to report to work as scheduled. While it is recognized that circumstances beyond an employee's control may cause him or her to be absent or tardy, excessive absences or tardiness cannot be allowed. Multiple occurrences of absences immediately prior to or after regular off days are constituted as evidence of abuse of sick and/or vacation time.

These guidelines are not intended to punish employees who are too ill to report to work or who experience occasional problems beyond their control; however, they will be used to change the behavior of those employees who abuse the use of their sick leave, are consistently tardy, and/or docked. The positive corrective action process is intended to communicate deficiencies in attendance to an employee and to gain agreement to change his/her attendance in accordance with PWE standards.

Positive corrective action will be taken as detailed in **Departmental Policy 1-24**, **Superior Performance Program**.

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Interoffice

Correspondence

То:	o: Employee Name From: Supervisor Employee Number		Supervisor/Manager
		Dałe:	
		Subject:	64 HOUR RULE
medical benefits August Receipt sick lear Effective through hours of Addition docume your su	documentation for any absence during a benefit year. The beneat of the following year. of this memo informs you that eve. e immediately, you must submit August 31, 2004. Failure to sun your paycheck. ally, this policy does not rentation each day you call in sick	es due to il efit year be fective original me ubmit propersions you are p	ances states that all employees must provide lness in excess of 64 hours in order to receive egins September 1 of the current year and ends you have exhausted hours of edical documentation for any sick leave utilized er medical documentation will result in docked from the requirement to submit medical presently on restrictive leave, nor does it prevent eave and recommending disciplinary action for
			Supervisor
Employe	ee Signature and Emp.#		Date

Original:Employee Copy: Human Resources File



CITY OF HOUSTON PUBLIC WORKS AND ENGINEERING



DOCTOR RELEASE/WORK STATUS

Today's Date:			
Doctor's Name:	(printed)		
Address:		,	
Phone Number:			
Date condition b	egan:		
Patient's N seen in the office	lame)	currently under my profession	
	with NO RESTRIC	TIONS.	(2 3.3)
	with the following	g restrictions/limitations:	
	Restrictions/limito	ations are expected to last	through (Date)
	·	cipated. Patient's next app	pointment is
	on:	(Date)	
		(Physician's Signature)	(Date)

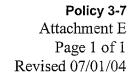
ATTENDANCE MONITORING FORM

Employee Name:	Employee No.:
Classification:	Meeting Date:
Your attendance is being monito During this monito as indicated below:	ored for the period of thru ring period, you have had notice violations(s)
"If after receiving a Reminder I the e or more notice violations in any thre the Reminder I, the positive correct	Policy 3-38, Notice of Absence Policy, which states that employee continues to be deficient by having three (3) ee (3) consecutive months during the active period of ive action of a Reminder II will be administered."
	recognize attendance problems, offer assistance and ove your attendance or recognize your improvements.
violations, the periodic reviews n	during that time you do not have any additional notice hay be suspended. However, if any subsequent rective action guidelines would be reactivated.
Your next scheduled review will be	on
Employee Comments	
Employee Signature	Date
Supervisor Comments:	
Supervisor Signature	 Date

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JOB ABANDONMENT DOCUMENTATION FORM

Employee Nam	ne:		Employee #:	
Off Days:	ff Days: Shift Hours:			
Dates Absent:				
1) Determine if	the person is at ho	ome: (Finding)		
Last kr	nown address che	cked was (street ac	dress)	
			nown)	
Was resignation	person acknowled n form* provided to s should be taken alon		YES YES	NO NO
3) If employee	was not at home,	were neighbors con	tacted? YES	NO
If yes, (ı	name/address) _			
4) Determine if	employee has acc	cepted other emplo	yment: YES	NO
5) Determine if	employee has bee	en injured on-the-job	o, off-the-job, or if employe	ee is ill.
(Finding)				
6) Determine if t	the employee has	been incarcerated		
City Jail: 247-8306	Date Called:	Time Called:	Contact Person:	
	Date	Time Called:	Contact	
•	·	n the job or if there t	as been some other misur	nderstanding:
•			or has any Workers' Com	p. activity pending:
9) Determine if	employee is atten	ding a training class	: (Finding):	
Supervisor			Date	





Interoffice

Correspondence

wanov.		Deparment	
То:	Employee Name Employee Number CD Date	From:	Manager/Supervisor
		Date:	
		Subject:	Restrictive Leave
	n receipt of this memorandum rictive Leave as defined in the		will be placed on nes:
(1)	To be paid for sick time, the employee must provide the original written physician's certificate showing the date(s) he or she was under medical care, limitations (if any), and the date they ma return to work. If no medical documentation is presented, the time(s) he or she called in sick will be changed to "absent" and the employee will be docked.		
Empl state Howe	ment indicating he or she was ever, there is no mention of a	s seen on Februa medical reason w	loyee returns to work February 6 with a physician's ry 5 and may return to work on February 6. The or she was absent on February 3 and 4. If for February 5, if sufficient sick leave is available.
(2)		ation <u>must</u> be pre	ect to verification for authenticity. esented to his or her supervisor on the day he returns
(4)	If the employee is absent to	wo (2) or more da sician may be con	ys per month, or shows a pattern of questionable tacted for information regarding their physical health
(5)	The employee will not be eligible for unscheduled vacation while on restriction. The employee must apply for vacation no less than seven (7) calendar days in advance.		
(6)		ployee to be abse	ent from work, the employee must contact his
			Supervisor
Employe	e Signature and Emp. #		Date