

DEPARTMENT OF PUBLIC WORKS MANAGEMENT MANUAL

**Personnel
Directive**

Subject: REVIEW OF SICK LEAVE USAGE/
ATTENDANCE IMPROVEMENT
PROGRAM

ADOPTED BY THE BOARD OF PUBLIC WORKS, CITY OF LOS ANGELES

JUNE 20, 2007

PERSONNEL DIRECTIVE NO. 38

BACKGROUND

To comply with Council action and the Mayor's Executive Directive, the Board of Public Works authorized the Director, Office of Management-Employee Services (OMES), to develop an Attendance Improvement Program. The program provides a fair and uniform method to review and control sick leave usage in the Department of Public Works and insure that employees absent themselves for valid reasons. For further guidance, a "Supervisor's Guide to Improving Employee Attendance" is attached to assist supervisors in monitoring sick leave usage in their work units. For example, the Guide contains pertinent information regarding sick leave benefits, suggestions for recording sick leave usage, and what supervisors can do to encourage good attendance.

The procedures in this Directive should be followed when reporting to the Office of Management-Employee Services sick leave usage by employees who meet or exceed our Department's attendance review criteria. Supervisors who have the responsibility to authorize sick leave payments will be required to complete special forms on reporting an employee's sick leave usage. **It should not be misconstrued that supervisors take appropriate action only after being notified by Office of Management-Employee Services that the employee has met the criteria.** Supervisors are expected to counsel employees as attendance problems arise. No negative employment action may be taken as a result of appropriate sick leave used for care of a child, parent, spouse or domestic partner; approved Family and Medical Leave Act absences, pregnancy, injury on duty, and reasonable accommodation related absences.

I. Purpose

These procedures have been prepared to assist Department management in reviewing the use of sick leave by Public Works employees to prevent the misuse of sick leave privileges and commend those employees who have accumulated specified amounts of unused 100 percent sick leave.

II. Attendance Review Criteria for Reviewing Sick Leave

The amount of sick leave usage by Public Works employees has been an ongoing problem. As a method to decrease sick leave usage, supervisors shall closely monitor sick leave requests and appropriately counsel those employees whose sick time usage exceeds the Department's attendance review criteria. The criteria established for Public Works employees is:

- (1) At least 8 occasions and 82 hours of sick leave in the past 12 months, or
- (2) At least 10 occasions of sick leave in the past 12 months, regardless of number of hours.

An occasion is defined as any sick leave usage (employee illness, family illness, or preventive medicine) regardless of the number of hours. However, an employee who is out ill for a consecutive number of days will only be charged with one occasion. Additionally, an employee who needs periodic treatments for a specific illness, such as an allergy, will only be charged with one occasion, regardless of the number of times they visit the doctor. The employee must, however, provide a doctor's certificate or other suitable satisfactory proof verifying such a continuing need.

III. Steps to Review Sick Leave Usage

The Office of Management-Employee Services will send to each bureau and office a Sick Leave Report memorandum (Attachment 1). Also, included is the Sick Leave Audit Report and Sick Leave Detail Report (Attachments 1A and 1B) which list the names of employees who have met or exceeded the Department's attendance review criteria for sick leave usage. The memo and reports will be sent on a semi-annual basis: the 2nd quarter report and the 4th quarter report. The reporting periods are for one year (2nd quarter - June through June; and 4th quarter - December through December). Bureaus may request reports for each quarter; however, bureaus are required to submit to OMES completed Attendance Review Report/Counseling Record forms only for the 2nd and 4th quarters. A summary report may be submitted to OMES by the bureau in lieu of the completed Attendance Review Report/Counseling Record forms.

- A. For each employee identified, the Bureau Head will direct the preparation of an Attendance Review Report/Counseling Record form (Attachment 2) to be completed by the employee's supervisor and returned prior to the due date indicated on the form.
- B. The supervisor will then review the employee's attendance record, and determine what appropriate action, if any, is necessary. (Refer to the "Supervisor's Guide to Improving Employee Attendance", Page 4, for assistance.)

- C. If the employee needs to be counseled about poor attendance, the supervisor should follow these steps:
1. Define the area of concern;
 2. Discuss the concern individually with the employee;
 3. Achieve an agreement with the employee on what will be done and by when;
 4. Document the discussion;
 5. Follow-up on the action agreed upon in the discussion.
- D. After the supervisor completes the Attendance Review Report/Counseling Record form, the form shall be sent to the Division Head for review and signature.
- E. The Division Head shall forward the original form to the Bureau Head and copies are sent to the following:
1. Office of Management-Employee Services
Attn: Attendance Improvement Coordinator
 2. Supervisor
 3. Employee

The Attendance Review Report/Counseling Record form will be kept on file by the Office of Management-Employee Services Attendance Coordinator for one year. The form is not placed in the employee's personnel folder, unless it is used as an exhibit in a subsequent disciplinary action.

When a supervisor receives a subsequent report for an employee identified in a previous quarter, the supervisor must determine if the employee has significantly improved his/her attendance. If the employee's attendance has improved, additional counseling may not be necessary. Therefore, in that case it is sufficient to check the box, "No action required," note the improvement in the comments section, and have the employee sign the reverse side of the form. If the employee's attendance has not improved, the supervisor should move forward with progressive discipline.

IV. Completing the Attendance Review Report/Counseling Record Form

- A. If it is determined that all sick leave usage was appropriate, the supervisor should check the box "No action required" and specify in the comments section the reason it was appropriate, e.g., on-going or permanent medical condition, etc. (Do not provide any specific medical information).

- B. If the employee is currently on sick leave, vacation, or leave of absence without pay, the supervisor should check the box "Unable to take action" and specify the reason in the comments section.
- C. If a box in Section 1 is marked, the supervisor signs and forwards the form to the Division Head for review and signature. **(THE REVERSE SIDE OF THE FORM, SECTIONS 3 THROUGH 7, SHOULD NOT BE COMPLETED.)**
- D. After the Division Head signs the form, copies may be distributed as indicated on the form.
- E. If it is determined that action is required, the supervisor should check the appropriate box(es) under Section 2, and indicate in the comments section the date action was taken. The supervisor should also complete the reverse side of the form by:
 - 1. Indicating the employee's work hours and work schedule.
 - 2. Listing the dates of absences during the reporting period when the employee failed to call or notify the supervisor.
 - 3. Listing all the dates that the employee was counseled during the past 12 months and the action taken, if any. Also indicate whether or not the employee was referred to an Employee Assistance Program (EAP).
 - 4. Summarizing the employee's explanation for absences or asking the employee to attach a separate sheet.
 - 5. Giving an overall evaluation of the employee's attendance.
- F. The supervisor has the employee sign and date the form. If the employee refuses to sign the Counseling Form, it should be noted on the form. The supervisor then signs and returns the form to the Division Head for review and signature.
- G. The form is then distributed as indicated on the form.

V. Following Up to Insure Improvement

The key to improving attendance is supervisory awareness and follow up. Employees who have been counseled should have their attendance records reviewed on a periodic basis. Supervisors should do the following:

- A. If the employee's sick leave has decreased, advise the employee of the progress he/she has achieved.
- B. If excessive sick leave usage continues, several actions should be considered as a means to correct the problem:

1. Review the employee's attendance with him/her once more, and stress the importance of good attendance.
2. Orally warn the employee that his/her attendance record is unsatisfactory and must be improved. It should be stressed that further corrective actions, such as written warnings, suspension or possible discharge, will be required if attendance is not improved.
3. Require the employee to submit a Physician's Certificate or other satisfactory proof of illness or injury for all absences. A Physician's Certificate Requirement memorandum and form or a suitable substitute should be given to the employee at the time of counseling. (Refer to Supervisor's Guide to Improving Employee Attendance, Page 9, for assistance.)
4. If there is no improvement after counseling, oral warnings, and/or the requirement to provide a Physician's Certificate, a Notice to Correct Deficiencies (Form 78) should be issued.
5. If there is no improvement after the issuance of a Notice to Correct Deficiencies, the following disciplinary measures may be taken:
 - (a) A suspension (usually five working days) may follow a Notice to Correct Deficiencies. A second suspension of increased duration (usually 20 working days) may be issued at a later time if the problem continues.
 - (b) Continued poor attendance following progressive discipline will result in discharge.

VI. Other Measures to Prevent Sick Leave Abuse

In addition to the use of the Attendance Review Report/Counseling Record Form and the counseling of employees as described above, all Departmental supervisors should also be aware of the following measures that may be used to prevent sick leave abuse.

- A. According to the Los Angeles City Administrative Code, Section 4.126(f), management may require proof of illness for sick leave of three consecutive working days or less, but shall require proof of illness for sick leave in excess of three consecutive days. Management may also require written or other proof of illness at any time for any period of absence on sick leave. Personnel Directive No. 27, "Requests for Paid Sick Leave," provides additional details concerning submission of proof of illness for paid sick leave.

- B. According to Civil Service Rule Section 13.9(a), "An appointing authority, who has reasonable cause to believe that an employee has a medical condition which impairs job effectiveness or may endanger the health, safety, or welfare of the employee, other employees, or the public, may require the employee to be medically examined." Therefore, the employing bureau may request, through the Office of Management-Employee Services, that the Personnel Department conduct a work fitness evaluation for the subject employee.

NOTE: Office of Management-Employee Services, Liaison Services Division, is available for consultation on any sick leave problem.

VII. Awarding Commendations for Accumulating Specified Amounts of 100 Percent Paid Sick Leave

A Certificate of Commendation and/or pin shall be awarded to those employees who accrue specified amounts of 100 percent sick time. See Personnel Directive No. 32, "Employee Awards Program" which outlines the procedures for awarding commendations.

References: Mayor's Executive Directive No. 33 (New Series) "Control of Sick Leave"
Los Angeles City Administrative Code Sections 4.126 and 4.127
Personnel Directive No. 24, "Extended Paid Sick Leave Requests"
Personnel Directive No. 27, "Requests for Paid Leave"

Attachments: 1) Sick Leave Report
2) Attendance Review Report/Counseling Record
3A) Sick Leave Audit Report
3B) Sick Leave Detail Report

Supervisor's Guide to improving Employee Attendance

DATE: _____

TO: _____, Director
Bureau of _____
Attention: _____

FROM: Office of Management-Employee Services

SUBJECT: SICK LEAVE REPORT -- REPORTING PERIOD
00/00/00 THROUGH 00/00/00

Attached is a listing of employees in your bureau who met or exceeded the Department's attendance review criteria. Please ensure that Attendance Review Report/Counseling Record forms are distributed. Supervisors must complete the Attendance Review Report/Counseling Record form for each employee listed and return the form through the Division Head to you. For instructions on how to complete the form, supervisors should refer to "Personnel Directive No. 38."

Please forward a copy of your bureau's "summary report" for this reporting period to OMES, Attention: JoAnn Corral, by (due date). If your bureau does not do a "summary report," then completed Attendance Review Report/Counseling Record forms for each employee should be sent instead. Please note that the Counseling Records sent to OMES are retained by our bureau for only one year, therefore, you may want to keep copies for your files.

If you have any questions, please contact me at (213) 978-1802.

WILLIAM P. WEEKS, Director
Office of Management-Employee Services

by JoAnn Corral
Attendance Improvement Coordinator

Attachments

DEPARTMENT OF PUBLIC WORKS
ATTENDANCE REVIEW REPORT/COUNSELING RECORD

DUE DATE:

Date:

From: _____, Director
Bureau of

via: _____
Division Head

Division

To:
Supervisor

The employee listed below has met or exceeded the attendance review criteria for the last reporting period. Please review the employee's sick leave record to determine the appropriate action to be taken. This form should be returned to the Division Head prior to the date indicated above.

Employee: _____ **Classification:**

SICK LEAVE RECORD

Reporting Period: From: _____ to

Hours of Sick Leave: EI ____ FI ____ PM ____ No. of occasions ____: AW ____/

- 1. ____ No action required.
- ____ Unable to take action.

Comments:

- 2. ____ Action taken:

- ____ Reviewed record and counseled employee on attendance.
- ____ Referred employee to Employee Assistance Program.
- ____ Orally warned employee regarding unacceptable record.
- ____ Physician's Certificate required for future sick leave payment and memorandum issued.
- ____ Notice to Correct Deficiencies/Written Warning (copy attached).
- ____ Requesting formal disciplinary action by separate memorandum.

Comments:

COMPLETE THIS SIDE ONLY IF A BOX IS CHECKED IN NO. 2 ON THE REVERSE SIDE

3. Employee Work Hours:

Work Schedule: 5/40 ___; 4/10 ___; 9/80 ___/ Off Day: _____1st/2nd

4. Absences Without Permission:

5. History of Previous Counseling(s):

6. Employee Explanation:

7. Overall Evaluation of Attendance:

_____ Unsatisfactory _____ Improvement Needed _____ Satisfactory

Comments:

I CERTIFY THAT I HAVE REVIEWED A COPY OF THIS FORM.

Employee's Signature

Date

I HAVE REVIEWED THIS FORM PRIOR TO SUBMISSION TO THE BUREAU HEAD:

Supervisor's Signature

Date

Division Head Signature

Date

Distribution: Original - Bureau Head
Copy - Office of Management-Employee Services
Attn: Attendance Coordinator

Copy - Supervisor
Copy - Employee

ATTENDANCE IMPROVEMENT PROGRAM
COMPUTER GENERATED REPORTS

SICK LEAVE AUDIT REPORT

Report Date: 99/99/99 Period: 99/99/99 to 99/99/99
Department/Bureau: 2001 Division: 200

EMPLOYEE NAME	SOC.SEC.NUM.	CLASS	TOTAL	EI	FI	PM	INC
John Doe	999-99-9999	1537	134	100	20	14	13
Sarah Doe	888-88-8888	1387	150	140	10	0	18
William Jones	777-77-7777	1242	134	90	30	14	11
TOTAL			418	330	60	28	42

(Tot = total sick leave, EI = employee illness leave, FI = family illness leave,
PM = preventive medicine leave, and Inc = number of incidents.)

The Sick Leave Audit Report is used to control the distribution of the employees' Sick Leave Detail Report and to provide management with a convenient list of employees who have met or exceeded the sick leave usage profile for their bureau. The report will list all such employees by division and provide information as illustrated above.

ATTENDANCE IMPROVEMENT PROGRAM
COMPUTER GENERATED REPORTS

SICK LEAVE DETAIL REPORT

EMPLOYEE:	John Doe	SOC SEC NUM:	999-99-9999
MOU:	99	CLASS	9999
REPORT DATE:	99/99/99	PERIOD	99/99/99 TO 99/99/99
DEPT/BUREAU:	2001	BUREAU/DIVISION:	200

START DATE	END DATE	CODE	TOT HRS	EI HRS	FI HRS	PM HRS	INC
12/01/99		EI	9.0	9.0			1
01/23/99		PM	8.0			8.0	1
03/12/99		FI	4.0		4.0	1	
04/24/99		EI	9.0	9.0			1
06/17/99		EI	8.0	8.0			1
08/20/99		EI	9.0	9.0			1
08/21/99		EI	9.0	9.0			0
08/22/99		EI	8.0	8.0			0
09/14/99		FI	9.0		9.0	1	
TOTAL			73.0	52.0	13.0	8.0	7

(EI = employee illness, FI = family illness, PM = preventive medicine, INC = number of incidents)

The Sick Leave Detail Report is generated for each employee whose use of sick time meets or exceeds the profile established for his/her bureau. This report will be the basic document used to counsel employees. The format and content of the report are illustrated above. Note that the time used for each sick day is coded according to the type of sick-time used.

SUPERVISOR'S GUIDE
TO SICK LEAVE USE IMPROVEMENT

Prepared By

Employee Benefits Division
Personnel Department

First Printing:	January, 1985
Revised:	August, 1985
Revised:	February, 1987
Revised:	July, 1987
Revised:	September, 1988
Revised:	September, 1992
Revised:	April, 1996
Revised:	March, 1999
Revised:	June, 2007

INTRODUCTION

The purpose of this guide is to assist you in monitoring the sick leave usage of your employees. Monitoring usage on a regular basis, and counseling when appropriate, will lead to a reduction in the amount of departmental sick leave usage and an increase in departmental productivity.

POLICY

Sick leave benefits are provided to ease the financial burden of an employee who is required to be absent from duty because of a non-job-related illness or injury. These benefits should only be used for instances of personal or family illness or to obtain preventive care. The fact that a specific number of hours of paid leave are added to an employee's sick leave balance each year does not mean the employee is entitled to use that many hours of paid sick leave without an acceptable reason for doing so. Frequent absences, excessive use of sick leave, patterned absences or failure to follow reporting requirements may result in an unsatisfactory attendance record and in nonpayment of sick leave benefits. You, as a supervisor, will be notified of an employee who has a record of excessive absenteeism and/or extensive use of paid sick leave benefits. You will then either counsel the employee or take other appropriate action as determined by the circumstances of the absences.

BENEFITS

The sick leave benefits for a City employee are governed by the Los Angeles Administrative Code (Div. 4, Chapter 2, Article 10, Secs. 4.126-4.129; as amended through September 30, 2002) and appropriate Memoranda of Understanding. To qualify for sick leave benefits, a new employee must complete a period of six consecutive months of service and 1040 compensated hours. Following the completion of the qualifying period, the employee will accrue 8 hours of 100% sick leave per month until January 1 of the following year. Each January 1 following completion of the qualifying period, the employee is awarded 96 hours of 100% sick leave and 40 hours of 75% sick leave.

Unused annual sick leave may be accumulated up to a maximum of 800 hours each of 100% pay and 75% pay. An employee who accumulates more than 800 hours of 100% sick leave will be compensated at one-half his/her current salary for those unused hours in excess of 800 hours annually. Accumulated sick leave does not include the hours credited at the beginning of the current calendar year. No compensation is made for maximum accumulation of 75% sick leave.

When an employee retires, any balance of accumulated 100% sick leave (earned prior to the current calendar year), which remains unused at the date of retirement, is compensated by cash payment at 50% of the salary rate at the date of retirement. There is no compensation for unused 75% sick leave. For employees with a 50% sick time bank, any balance of accumulated 50% sick leave is compensated by cash payment at 25% of the salary rate at the date of retirement for **Civilian** employees.

ABSENCE REPORTING REQUIREMENTS

An employee must report all absences on a daily basis to his/her supervisor or other designated person within the first half hour of the employee's workday. If an employee expects to be absent for only one day, and subsequently finds that additional time is necessary, s/he must re-notify the supervisor within the first half hour of the following work day. If, due to the nature of the illness, the employee will be absent from work for several days, the supervisor may waive the requirement to call in each day to report the absence. Supervisors may permit an employee to report every third day or at other specified intervals, as deemed appropriate. However, the **employee must keep his/her supervisor informed of the expected date of return to work.** The basic requirement is to report daily – other reporting arrangements will be permitted only with **prior** approval from the supervisor.

If an employee fails to return to duty at the start of the workday specified on a medical slip or fails to report to work at the start of the normal workday, you must take **immediate** steps (such as, but not limited to, calling the employee at home) to determine his/her status. If an employee fails to call his/her supervisor to report that s/he will be absent, his/her time slip may reflect "No Compensation." Except in cases of hospitalization or dire emergencies, telephonic notice after-the-fact will **not** be accepted.

SICK LEAVE VERIFICATION

Management recognizes the fact that an employee may be ill and not require the services of a physician. Therefore, you are authorized to accept the employee's own certification of illness. Self-certification consists of the employee completing the appropriate department time keeping document. This procedure does not apply to an individual who is required to provide Physician's Certificates for all absences. (See following section)

If there are any questions concerning the employee's absence, regardless of the length of the absence, you may require a Physician's Certificate, a completed Medical Information Certificate (Form General 91) for review by the Personnel Department Medical Director, and/or other satisfactory proof of illness or injury.

Depending on the circumstances, you may require that a Medical Certificate be furnished during the absence or may elect to require the certificate upon the employee's return to work. (See Attachment A – Interdepartmental Correspondence)

PHYSICIAN'S CERTIFICATE REQUIREMENT

A Physician's Certificate Requirement is a notice to the employee that s/he is required to submit medical documentation for each use of sick leave. This requirement should be used selectively with an employee whose attendance has not improved after several warnings. A Physician's Certificate may be required, however, for any single incident of sick leave use if the employee is given adequate advance notice. (See Attachment B – Physician's Certificate)

An employee who has previously been counseled regarding unsatisfactory attendance and who is required to provide a Physician's Certificate for all absences, or an employee who is specifically directed to provide Physician's Certificates, must comply with the following requirements:

1. Visit the physician on the **first** day of illness. Retroactive medical slips will not be accepted, and sick time for those days prior to the physician's visit will not be paid;
2. Ensure that the physician's certificate lists the dates of the absences and states that the employee was unable to work for that specific period because of functional limitations on the employee's capacity to work; and
3. Present the certificate to the supervisor on the **first** day back to work.

Failure to provide a certificate in compliance with these requirements will result in an amended time slip being submitted which reflects "No Compensation" for the days missed and/or the periods not covered by the Physician's Certificate.

MEDICAL CONFIDENTIALITY

The Personnel Department's policy regarding the release of medical information is that all medical information is personal and confidential. Whenever the Personnel Department's medical staff receives medical information regarding a City employee, the information is reviewed by staff who forwards only the non-medical administrative forms to the operating department for its use in processing sick leave benefits. Information related to the medical diagnosis, itself, is retained in the employee's medical file only within the Personnel Department's Medical Services Division (MSD) and cannot be released to anyone, including another physician, without the employee's written consent. (See Attachment C – Medical Information Certificate)

This procedure is consistent with the mandate of the State's Confidentiality of Medical Information Act which specifically prohibits the release of any employee's medical information without his/her written consent. It is also consistent with State and Federal statutes which prohibit discrimination on the basis of physical disabilities.

MEDICAL INFORMATION CERTIFICATE/RELEASE

If a Physician's Certificate does not provide sufficient information for the supervisor to approve payment of sick leave, the employee may be required to provide a Medical Information Certificate/Release. This form provides for the release of medical information for verification purposes. An employee who is required to submit this form must forward it to the physician as soon as possible. The employee's treating physician must then return the Medical Information Certificate/Release form and the requested medical information to the Medical Director of the Medical Services Division. Submittal of insufficient information may result in the denial of sick leave pay. (See Attachment D – Medical Information Certificate/Release)

The submitted medical information is reviewed by medical personnel of the Personnel Department only, not by the employee's supervisor or management. Medical Services Division will determine if the request for sick leave pay should be

granted and will notify the supervisor and/or department management by sending a memorandum. The submitted medical information is considered confidential and will be kept in the employee's MSD medical file.

SICK LEAVE OF MORE THAN 25 WORKING DAYS

In cases of illness or injury where an employee is expected to be absent from work for more than 25 consecutive working days, in **addition** to the requirements of reporting the absence to the supervisor and providing medical certification as previously stated, management will require the employee to provide a completed Medical Information Certificate from his/her personal physician and an Extended Sick Leave Request (Form General 89) for review by the Medical Director and approval of additional sick leave. This medical information will normally be required on or about the 15th day of such absence in order to secure the necessary approval in advance.

Where any sick leave extends for more than 63 consecutive working days beyond the first 25 consecutive working days, and for each successive period of 63 consecutive days thereafter, another Medical Information Certificate and completed Extended Sick Leave Request will be required.

When an employee who has been absent from work for more than 25 consecutive working days has been released by his/her private physician to return to duty, the division to which the employee is returning will determine, in consultation with the Department's Personnel Section, whether it is necessary for the employee to secure a release from the Medical Director. If such a release is required, the employee on the day released to return to work by the private physician (or next business day), must report by telephone to the Department's Personnel Section. An appointment will be made for the employee to be examined by a City doctor. The employee will report to Medical Services Division, 432 East Temple Street, Los Angeles, with the release from the personal physician. Upon receiving the return to duty release from the City doctor, the employee must immediately return to duty and give both the private physician's and the City's Medical Director medical releases to his/her supervisor.

USES OF SICK LEAVE FOR OTHER THAN PERSONAL ILLNESS

The City's sick leave benefits plan provides for use of sick leave for purposes other than personal illness in three cases: family illness, preventive care and pregnancy.

1. Family Illness

An employee who has sufficient 100% sick leave may be allowed to use up to 12 working days, in any one calendar year, of his/her sick leave (unless otherwise provided in the appropriate Memorandum of Understanding) when s/he is required to be absent due to illness or injury in the immediate family. Only 100% sick time may be used for family illness. The employee may be required by the supervisor to furnish a Physician's Certificate or other suitable and satisfactory proof indicating that the nature and extent of the injury or illness was sufficient to justify such absence.

Immediate family includes the employee's father, father-in-law, mother, mother-in-law, brother, sister, spouse, child, foster child, grandparents, grandchildren, step-parents, step children of any employee of the City, the domestic partner of an employee, a household member (any person residing in the immediate household of the employee at the time of the illness or injury), and the following relatives of an employee's domestic partner: child, grandchild, mother and father (unless otherwise defined in the appropriate Memorandum of Understanding).

2. Preventive Care

With prior supervisory approval, an employee who has sufficient 100% sick leave may be allowed time off, not to exceed an aggregate of 16 hours in any one calendar year (unless otherwise provided in the appropriate Memorandum of Understanding), for the purpose of securing preventive medical, dental, optical, or other similar type of treatment or examination for the employee and for members of the employee's immediate family. This sick leave must be taken in hourly increments and will be deducted from allowance of sick leave at full pay. Whenever possible, medical appointments should be arranged on the employee's regular day off.

3. Pregnancy

An employee who is unable to work because of pregnancy or childbirth is entitled to use accumulated sick leave credits upon presentation of medical verification of disability. Early in the pregnancy the employee should contact the Department's Personnel Section for a full explanation of this benefit (Refer to Administrative Code).

Employees are also provided under the Family Medical Leave Act of 1993, the ability to take up to four months in paid and/or unpaid family leave for childbirth, adoption, or foster care of a child, serious health condition of an immediate family member, or serious health condition of the employee that renders the employee unable to perform the functions of his or her position. (Refer to the appropriate Memorandum of Understanding for represented employees; for non-represented employees, refer to Section 4.129 of the Administrative Code).

COUNSELING

Counseling an employee about poor attendance is the same as counseling an employee about any other aspect of performance that needs improvement. The following steps are essential whenever counseling is required:

- define the area of concern
- discuss the concern individually with the employee
- document the discussion
- follow-up on the action agreed upon in the discussion

Documents such as the Employee Sick Leave Log, the Attendance Review Report, the Physician's Certificate, the Medical Information Certificate and the Supervisory Attendance Counseling Report (SACR) will help you follow the proper steps in

conducting a counseling interview with an employee regarding a potential attendance problem.

You should make every effort to talk with an employee who has been absent, whatever the reason, immediately upon his/her return. This initial contact will have significant long-term value in correcting a potential attendance problem. It should not be an adversarial encounter, but rather a positive expression of concern for the employee and an opportunity to explain the consequences of the absence on the unit's performance. This initial contact also provides you with an opportunity to gather first hand information about a potential developing problem. Additionally, in cases where a Physician's Certificate is required, you will be able to make an informed and prompt decision on whether to recommend approval of the employee's request for paid sick leave.

An employee will be placed on the Departmental Sick Leave Usage Report if s/he meets or exceeds the Attendance Review Criteria established for the department. (Exhibit I)

For the purposes of this program, an incident will be defined as follows:

An incident begins when an employee does not report for work, or leaves work early, because of personal or family illness, or to obtain preventive medical treatment or examination. The incident ends when the employee returns and works a full day. An incident can be comprised of a partial day, a full day, multiple days, or consecutive combinations thereof.

PROCEDURE

A. DEFINE THE AREA OF CONCERN

EMPLOYEE SICK LEAVE LOG

Department/Division timekeepers or, preferably, supervisors are responsible for logging employee sick leave usage and reasons for absence on the Employee Sick Leave Log. Should an employee's usage of sick leave meet the Attendance Review Criteria, this log will assist you in determining the legitimacy of absence and in conducting a counseling session. All columns of the form are to be completed for each absence.

By referring to the updated Employee Sick Leave Log regularly, you will be able to identify an employee whose sick leave usage is nearing the Attendance Review Criteria, and you may counsel him/her about it **before** his/her name appears on the Attendance Review Report. Conscientious review of the log will help you to correct patterns of unacceptable attendance.

If an employee transfers to another supervisor within the Department, the log should be forwarded to the new supervisor as well as any Supervisory

Attendance Counseling Records. (See Attachment E – Employee Sick Leave Log)

B. DISCUSS THE AREA OF CONCERN

SUPERVISOR’S RESPONSE – ATTENDANCE REVIEW REPORT

Based on the sick leave usage data compiled by the City’s Sick Leave Monitoring Unit (SLMU), a quarterly Departmental Sick Leave Usage Report will be sent to each Department for each employee meeting the Attendance Review Criteria. The employee’s supervisor must review the Sick Leave Detail Report and determine if counseling is warranted. (See Attachment F – Supervisor’s Response-Attendance Review Report)

Each Department is responsible for creating appropriate attendance review and counseling forms (See sample forms) and the Department Head must ensure that the attendance record is reviewed and appropriate action is taken for each employee whose name appears on the Sick Leave Detail Report. You, as the first level supervisor, may accomplish this by completing a Departmental Attendance Review Report for each employee meeting the criteria. This form should include a Supervisory Attendance Counseling Record (SACR) which you must complete whenever there is an indication that the concerned employee’s sick leave usage needs review. If you indicate that the employee’s sick leave usage is appropriate, the SACR should not be completed, and you should explain the reasons for the action taken in the Comments Section of the form.

The following are samples of what may be considered “no action required”:

- a) parent with small child/ren who has used most of his/her 100% leave
- b) long term illness/major surgery that generates SACR each quarter until phased out of floating year
- c) maintenance treatment (physical therapy, counseling, rehabilitation, etc.)
- d) maternity leave that generates SACR each quarter until phased out of floating year.

This form should then be returned to the Department Head for review and signature, and forwarded to the Department’s Sick Leave Monitor by the due date on the Attendance Review Report. One copy should be kept by you, the supervisor, and one copy should be provided to the employee.

C. DOCUMENT THE DISCUSSION

The SACR serves three key purposes: it notifies the employee that his/her attendance record is of concern; it generates discussion regarding the attendance record, giving the employee the opportunity to explain; and it documents the counseling action.

COMPLETING THE SACR

1. Sections 1, 2 and 3 should be completed by you, the first level supervisor, using the Sick Leave Log and any other available attendance records. You should take the time to fill in these sections and ensure that the information provided is accurate. This is particularly important for Section 3 when listing previous counseling dates.
2. You should meet with the employee, if appropriate, and listen to his/her own explanation and attach it to the SACR.

You should make it clear that a counseling session is **not** discipline. It is a review and discussion of the employee's absence record because it exceeds the established department criteria. The review itself should not have a negative connotation, If after discussion, the usage is judged unjustified or excessive, a warning or discipline may follow, but the counseling session itself should not be perceived as punishment.

Supervisors should remember that Preventive Medicine is properly used to prevent longer absences, but can raise the number of incidents disproportionately. In reviewing the calendar, consider the overall pattern and the reason for use, not just the total number of incidents and hours.

3. You should advise the employee in a friendly, but direct manner of the concern regarding his/her usage of sick time and remind the employee that good attendance is a job requirement. The Department's sick leave policy should be discussed as well as measures the employee can take to reduce the use of sick leave. The employee should be advised that Departmental Sick Leave Usage Reports are generated quarterly and updated records reviewed routinely. Additionally, the employee should be advised of the consequences of continued poor attendance. You must keep in mind that poor attendance, like other disciplinary problems, may require progressively stronger steps if improvement is not made.

If **significant** improvement occurs, when a new SACR is sent for the next reporting period, you should indicate in Section 5 that improvement has occurred and record the amount of improvement in the Comments Section.

4. In Section 6, both you and the employee date and sign the SACR. The employee's signature only verifies that a meeting was held to discuss

his/her attendance and that s/he received a copy of the SACR. If the employee refuses to sign, the reason should be noted and "refused to sign" written on the employee's signature line.

5. One copy of the SACR should be kept for the supervisor's files, one copy provided to the employee, and the original is given to the Department Head, who will sign the form on the reverse side in the appropriate space and forward it to the Department Sick Leave Monitor.
6. The SACR should be kept on file by the Department's Sick Leave Monitor. It should **not** be placed in the employee's file.

7. ATTENDANCE REVIEW REPORT/SACR SEQUENCE OF EVENTS

- a. Employee meets the Attendance Review Criteria.
- b. Employee placed on Departmental Sick Leave Usage Report.
- c. Report sent to Department Head.
- d. Department Head sends SACR/calendar to supervisor.
- e. Supervisor reviews the employee's sick leave usage record and determines that:
 - (1) no action required based on appropriate usage of sick leave (refer to Section B, page 8), then checks appropriate box in Section A of SACR; **OR**
 - (2) the employee should be counseled regarding sick leave usage or the employee should be disciplined. The supervisor then:
 - (a) meets with employee to discuss or counsel;
 - (b) completes SACR based on discussion with employee;
 - (c) makes 2 copies of SACR, including employee's response (employee and supervisor sign all copies);
 - (d) gives employee 1 copy and keeps 1 copy.
- f. Supervisor sends original SACR to Department Head.
- g. Department Head reviews and signs SACR and returns to Department's Sick Leave Monitor prior to date indicate in upper right corner of form.

D. FOLLOW-UP

The key to making the Sick Leave Use Improvement Program work is supervisory awareness and follow-up. An employee who has been counseled should have his/her attendance record reviewed on a periodic basis.

1. When reviewing an attendance record, determine whether the sick leave usage has decreased. If it has, you may wish to complete a new SACR. You should advise the employee that the progress achieved is satisfactory, but the Department will continue to monitor the employee's attendance. The SACR can be used, therefore, as a statement of

acceptable attendance, as well as a statement of unacceptable attendance. (See Section 5 on the form).

2. If excessive sick leave usage continues, the following actions should be considered as a means of correcting the problem:
 - a. Review the Attendance Review Report with the employee and stress the importance of good attendance.
 - b. Orally warn the employee that his/her attendance record is unsatisfactory and must be improved. It should be stressed that further corrective actions, such as written warning, suspension or possible discharge, will be necessary if attendance is not improved.
 - c. Require submission of a Physician's Certificate which will serve as a notice to the employee that s/he is required to submit medical documentation for each use of sick leave. This requirement should be used with an employee whose attendance has not improved after oral warning. However, you may require a Physician's Certificate if the employee is given adequate advance notice, for any single incident of sick leave use. A standard form letter informing the employee of the requirement should be used in conjunction with the Certificate.
 - d. Require submission of a Medical Information Certificate/Release. It often occurs that a Physician's Certificate does not provide sufficient data for the supervisor to make an informed decision on whether to approve payment of sick leave. You may, therefore, require a Medical Information Certificate/Release. This form provides for the release of medical information to the City's Examining Physician. A standard form letter informing the employee of this requirement should be used in conjunction with the Certificate/Release.
3. If there is no improvement after counseling, oral warning, and the requirement to provide Physician's Certificate and/or a Medical Information Certificate/Release, the first level supervisor should discuss with the second-level supervisor the further option of stronger corrective measures. A Notice to Correct Deficiencies (NTCD) is normally the first step and is a formal **written** warning describing the problem and the consequences if it is not corrected. If the second-level supervisor agrees with the recommendation to issue a NTCD, the document should be typed and signed by both supervisors. The first-level supervisor should meet with the employee to serve the NTCD.

If the employee's attendance does not show improvement after a reasonable period of time, you should discuss with your supervisor the option of taking the next step in the disciplinary process. If it is determined

that stronger actions are appropriate, the following disciplinary measures may be imposed:

- a. A suspension (usually one to five days) may follow a Notice to Correct Deficiencies. A second suspension of increased duration may be issued at a later time if the problem continues.
- b. Disciplinary Pay Status (DPS) should be considered as an alternative to a suspension. Although the employee continues to come to work and is paid during the DPS period, it has the same effect as a suspension of equal length for the purposes of progressive discipline. The advantages of DPS are that it does not “reward” an employee who had an attendance problem with additional time off from work and it does not disrupt the productivity level of the office. The DPS may be used instead of a suspension of any length for poor attendance.
- c. **Discharge should be considered for continued poor attendance following progressive action.**

E. COMMENDATIONS

The goal of the Department’s Sick Leave Use Improvement Program is not only to focus on monitoring sick time usage and counseling the employee who deviates from the established attendance criteria, but also to recognize the employee whose attendance reflects a commitment towards achieving an outstanding record.

Each year the Department Head should recognize, by formal Notice of Commendation, letter, or award, any employee who meets the following criteria for the past calendar year:

- perfect attendance
- accumulation of 800 hours of 100% time
- accumulation of 400 hours of 100% time
- use of 18 hours or less of paid sick leave

In addition, there is a City-wide attendance pin which is distributed to any employee who has accumulated either 400+ or 800+ hours of 100% sick leave.

**CITY-WIDE SICK LEAVE MONITORING PROGRAM
DEPARTMENT ATTENDANCE REVIEW CRITERIA**

The following criteria, based on a 12 month period, was established by each designated entity to be utilized in conjunction with the City-wide Sick Leave Monitoring Program:

<u>DEPARTMENT</u>	<u>CRITERIA</u>
Aging	88 hours/6 incidents or 12 incidents
Airports	97 hours/6 incidents or 12 incidents
Animal Regulation	48 hours/6 incidents or 12 incidents
Building and Safety	82 hours/6 incidents or 10 incidents
City Administrative Office	48 hours/6 incidents or 12 incidents
City Attorney	86 hours/6 incidents or 12 incidents
City Council/City Clerk	66 hours/6 incidents or 13 incidents
City Employees' Retirement System	81 hours/6 incidents or 12 incidents
Commission on the Status of Women	64 hours/5 incidents or 10 incidents
Community Development	86 hours/6 incidents or 12 incidents
Controller	80 hours or 10 incidents
Cultural Affairs	64 hours/6 incidents or 12 incidents
Employee Relations	47hours/6 incidents or 12 incidents

<u>DEPARTMENT</u>	<u>CRITERIA</u>
Fire-Civilian	72 hours/6 incidents or 12 incidents
Fire and Police Pension	83 hours/6 incidents or 12 incidents
General Services	97 hours/6 incidents or 12 incidents
Harbor	64 hours/1 incident
Information Technology	84 hours/8 incidents or 10 incidents
Library	57 hours/6 incidents or 12 incidents
Mayor	66 hours/5 incidents or 13 incidents
Municipal Auditorium	60 hours/6 incidents or 6 incidents
Personnel	86 hours/6 incidents or 12 incidents
Planning	86 hours/6 incidents or 12 incidents
Police-Civilian	80 hours/6 incidents or 12 incidents
Public Works-All Bureaus	82 hours/8 incidents or 10 incidents
Recreation and Parks	97 hours or 12 incidents
Social Services	32 hours
Transportation	80 hours/6 incidents or 12 incidents
Treasurer	80 hours/6 incidents or 12 incidents

CITY OF LOS ANGELES
INTER-DEPARTMENTAL CORRESPONDENCE

Date:

To: (Employee's Name)

From: (Supervisor's Name)

Subject: SICK LEAVE IMPROVEMENT

____ Physician's Certificate Requirement

____ Medical Information Certificate

A review of your attendance record indicates a need for improvement. Despite numerous counseling sessions, you have continued to use an excessive amount of sick leave.

Therefore, effective this date, you are required to submit a completed Physician's Certificate or Medical Information Certificate (Check one) for all future absences for which you request paid sick leave. Any absences for which you request sick leave and do not submit an acceptable certificate will be indicated as off duty without pay.

During the next 90 days, your attendance will be closely reviewed to determine the necessity of continuing this requirement. Attached for your convenience is a guideline indicating the information which must be contained on the Physician's Certificate. (Attached for your convenience are several copies of the Medical Information Certificate/Release which must be used to fulfill this requirement).

I am confident you will accept personal responsibility for improving your attendance.

PHYSICIAN'S CERTIFICATE

(Guideline)

Employees may be required to provide verification of illness or injury from their physician. The **Sample Form** below contains the required information and may be used as a guideline.

Physician's Name: _____ Phone () _____

Address: _____

California Medical license Number: _____

Patient/Employee Name: _____

I attended to the above named employee on _____
(Date)

for _____
(Illness/Injury)

Complications, if any, and other pertinent medical information:

I certify that this person was unable to work from _____ to _____

Signature of Physician

Date

Note: Employees who are required to submit a Physician's Certificate for absence must:

- a. Visit their physician on the first day of illness; and
- b. Submit the certificate to their supervisor on the **first** day back to work.

MEDICAL INFORMATION CERTIFICATE
CITY OF LOS ANGELES
PERSONNEL DEPARTMENT

Date:

To the Examining Physician:

The individual whose name appears on the attached certificate is currently required to submit medical information for each absence for which s/he wishes to receive sick leave pay. Your assistance is appreciated in completing this certificate as soon as possible and returning it in the enclosed envelope to:

Medical Director
Medical Services Division
Personnel Department
City of Los Angeles
432 East Temple Street
Los Angeles, CA 90012

This employee may not receive sick leave payment until this certificate is received and reviewed by the Medical Director.

MEDICAL INFORMATION CERTIFICATE/RELEASE
CITY OF LOS ANGELES
PERSONNEL DEPARTMENT

I. MEDICAL INFORMATION CERTIFICATE

Employees who are required to submit a medical information certificate must visit their physician on the **first** day of illness.

Employee Name _____ Phone () _____

Address _____

Class Title _____ Division _____

I certify that I am/was unable to work during the period indicated on the reverse because of illness or off-duty injury. I request compensated sick time for this period.

Employee Signature

Date

II. MEDICAL INFORMATION RELEASE

I hereby request and authorize any Physician, Hospital, Dentist, Pharmacy, Insurance company, or Organization to release any information regarding the medical, dental, mental, alcohol or drug abuse history or treatment pertaining only to the illness or injury as described on this form to the **City's Examining Physician** or his/her authorized representative. This information is to be used for the purpose of validating and determining if my illness is compensable. I have received a copy of this authorization (Div. 1, Civil Code).

This authorization is in effect immediately and for 90 days hereafter.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYEE'S EXAMINING PHYSICIAN

I attended _____
Patient's Name

On the following date(s) _____

I certify that this patient was ill/injured and unable to work from: _____ to _____

1. Extent and nature of illness or injury _____

2. Immediate Cause _____

3. Complications, if any, and other pertinent medical information:

Estimated date patient is able to return to work:

A. Full Duty: _____

B. Limited Duty: _____

Describe Limitations: _____

Please Print
Name of Physician _____ CA Med. Lic. No. _____

Address _____ Phone () _____

Signature _____ Date _____

=====

TO BE COMPLETED BY CITY'S EXAMINING PHYSICIAN

(Personnel Department, Medical Services Division)

Recommendation: _____ Sick Time Granted _____ Denied

For the period _____ to _____ inclusive.

Comments: _____

City Examining Physician _____ Date _____

Personnel Department Supervisor's Response-Attendance Review Report

Date: _____ Due Date: _____

To: _____
Division Chief Division

From: Sick Leave Monitoring Unit (SLMU)

Subject: _____
Name Classification

This employee has met or exceeded the Attendance review Criteria for the last reporting period. Please review the attached employee's sick leave log prior to determining the appropriate action to be taken. Prepare original and 2 copies in accordance with the distribution shown at the bottom. The original and attachment should be returned to the SLMU prior to the due date noted above.

Sick Leave Record Reporting From: _____ To: _____

Hours of Sick Leave: _____ Numbers of Incidents: _____

A. If you determine that all sick leave usage was appropriate or are unable to meet with the employee at this time, check a box in this section, explain in Section B and return the form. Do not complete SACR on reverse side.

_____ No action required-All sick leave usage appropriates.

_____ Unable to meet with employee-Employee on vacation, sick leave, or leave without pay (specify below)

B. Comments: _____

C. Sick Leave Usage Needs Review – Counsel Employee:
If you determine that counseling is required based on the employee's record, meet with the employee first, then check the appropriate box in this section and complete the SACR on the reverse side.

_____ Review record and counseled employee on attendance.

_____ Orally warned employee regarding unacceptable record.

_____ Written warning- (Notice to Correct Deficiencies attached).

_____ Physician Certificate required for the future sick leave pay.

_____ Requesting formal disciplinary action by separate memo.

D. I have reviewed this form prior to submission to the SLMU.

Division Chief Signature-Date

Supervisor's Signature-Date

Supervisory Attendance Counseling Record (SACR)

Note to Supervisor: Complete this SACR only when you have checked a box in Section C on the reverse side.

I. Employee Work Schedule

Work Hours:

9/80 Day off (Circle) 1st Monday 2nd Monday 1st Friday 2nd Friday

Other: _____

II. Absences Without Permission:

A W-Dates of absences during reporting period when employee failed to call or notify supervisor: _____

III. History of Previous Counseling:

List all dates employee was counseled during the past 12 months and the action taken: _____

IV. Employee's Explanation:

Please detail or employee may attach separate sheet with explanation.

V. The purpose of this form is to review your sick leave usage record.

After careful review, your attendance is currently considered:

_____ Unsatisfactory

_____ Improvement Needed

_____ Satisfactory

_____ Significantly Improved

Comments: _____

VI. I certify that I have received this form.

Employee's Signature

Date

Supervisor's Signature

Date

Note: Do not place this document in employee's folder unless it is supporting disciplinary action.