

Date:	Department:	Supervisor:
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**MORGAN STATE UNIVERSITY
SICK LEAVE IMPLEMENTATION**
(Fourth & Fifth Occurrences)

_____, you are being counseled on the use of sick leave as set forth
(Employee)
in the Morgan State University's Sick Leave Policy. Our leave records indicate that you have been
out sick _____, in the past twelve (12) months between _____
(# of occurrences) (Date)
to _____ for a total of _____ days.
(Date)

Section VII, Item (a) and (b) of the aforementioned sick leave policy reads as follows:

"The immediate supervisor shall counsel employees after the fourth occurrence of sick leave frequency upon their return to work following an absence due to any illness. The supervisor is to review, and when necessary, issue the employee a copy of the University Sick Leave Policy. A written record of the session should be made and kept by the supervisor with a copy to the Attendance Control Officer."

On the fifth occurrence in any twelve month period, the immediate supervisor counsels the employee on the use of sick leave and makes an effort to ascertain if the employee has some recurring problem that necessitates the absences. It should be emphasized that this is a counseling interview rather than an interview of a disciplinary nature. If in the opinion of the supervisor, he/she feels that the employee should be placed on a one-day medical certificate, an appointment should be made with the Attendance Control Officer, for counseling and necessary action."

Per our discussion the following indicates what has transpired:

- Employee has been previously counseled on _____
- Employee has had a number of doctor's appointments.
- Employee has a chronic illness that necessitates his/her absences and will make every effort to provide a statement from his/her physician.
- Employee has agreed to enroll in the EAP Program as provided for by the State of Maryland.
- Employee will make every effort to limit the excessive use of sick leave.

Action Requested

- Counsel Only
- Counsel and refer to Attendance Control Officer
- Doctor's certificates/appointments on file to cover occurrences
- Chronic illness statement on file _____
(Date)

Employee's Signature

Supervisor's Signature