

# **BALTIMORE COUNTY PUBLIC SCHOOLS**

## **EMPLOYEE ATTENDANCE MONITORING PROGRAM (EAMP)**

**GUIDELINES FOR ADMINISTRATIVE STAFF TO MONITOR EMPLOYEE  
ATTENDANCE CONSISTENT WITH THE BCPS EMPLOYEE ATTENDANCE  
STANDARD (EAS)**

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## INTRODUCTION

The Employee Attendance Monitoring Program (EAMP) was created to assist with the achievement of the mission, goals, and objectives of the school system found in the *Blueprint for Progress*. The EAMP supports the Master Plan and was developed to attain the achievement of Goal 8.9 which states, “The BCPS employee attendance rate will meet or exceed the county standard.”

It is essential to the success of Baltimore County Public Schools that employees report to work promptly every scheduled work day to perform their assigned job duties. Unfortunately, when an employee does not report to work, student achievement is affected, morale among co-workers suffers, and the cost of operating Baltimore County Public Schools escalates while work productivity declines. Therefore, the purpose of the EAMP is to work with employees and supervisors to encourage regular attendance to work, and to meet or exceed the BCPS Employee Attendance Standard (EAS) of a 96% attendance rate.

The EAMP will be applied consistently to all Baltimore County Public School employees, and will focus on absences which are reported as being due to personal illness or illness in the family. Although employees are advanced personal illness and family illness leave days every year, the purpose of this leave is to assist in protecting the employees against loss of income in the event of an absence due to an unavoidable illness or non-work related injury. Personal and family illness leave is not an entitlement, but a benefit, and is best viewed as a type of insurance policy to provide coverage when the employee is unable to work for such reasons as childbirth, illness, and injury. Many employees may require extensive personal and family illness leave sometime during their career with BCPS, and it benefits employees to use this leave time only when it is medically necessary. Furthermore, employees who retire will receive additional creditable service for their accumulated unused personal illness leave.

The EAMP is designed to provide counseling and corrective action for those employees not meeting or are at risk of not meeting the EAS. The program recognizes and differentiates between the legitimate and medically documented use of leave for personal illness and family illness and continued absences that do not meet the EAS for which no appropriate medical documentation is received. The initial phases of the EAMP are aimed at identifying and meeting with employees whose attendance is not meeting or is at risk of not meeting the EAS. The subsequent phases are aimed at evaluating continued absences and, if necessary, taking proper corrective and/or disciplinary action to improve the employee’s attendance.

The belief statements found in the *Blueprint for Progress* include the following: “We believe that every employee must model ethical behavior, exhibit a strong work ethic and perform at high levels.” The EAMP supports this belief and recognizes that it is through employees working together, day by day, that the mission and the vision of the school system will be achieved.

## **Baltimore County Public Schools Acknowledgments**

BCPS would like to express special gratitude to the following EAMP Committee Members whose insight, experience, and feedback made this document possible:

**Fran Allen, Risk Manager, Risk Management**  
**Dan Capozzi, Manager, Staff Relations**  
**Judy Edgar, Principal, Catonsville Center for Alternate Studies**  
**Phyllis Edmonds, E.E.O. Officer, Human Resources**  
**Tom Evans, Principal, Randallstown High School**  
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**Cynthia Hamlet, Personnel Officer, Support Services Personnel**  
**Kathy Harmon, Benefits Manager, Human Resources**  
**Michele Prumo, Coordinator, Health Services**  
**Jean Satterfield, Southeast Area Executive Director of Schools**  
**Bill Wingerd, Administrator, Physical Facilities, Operations**

Thank you to the following employees for their review and contributions to this document:

**Ed Dieffenbach, Payroll Administrator, Payroll**  
**Patrick Hancock, Risk Management Analyst, Risk Management**  
**John Sliger, Financial & Auxiliary Service Information Systems, Information Management Group**  
**Debi Decker, Administrative Assistant, Department of Planning and Support Operations**

For questions or comments regarding the EAMP, contact the Office of Risk Management at 410-887-4133.

## Definitions

Current year for ten-month employees – The first duty day of the school year to the last duty day of the school year.

Current year for twelve-month employees – The fiscal year of July 1 to June 30.

Employee Attendance Monitoring Program (EAMP) – This program is designed to assure that employees meet the established EAS, provide appropriate medical documentation when required; and give employees information about resources available to them to improve their attendance.

Employee Attendance Standard (EAS) – Consistent with Goal 8.9 of the Master Plan, an employee attendance standard has been established for all Baltimore County Public School employees. The EAS establishes a 96% attendance rate.

Family and Medical Leave Act (FMLA) – The FMLA provides up to 12 weeks of unpaid, job-protected leave in a 12 month period for specified family and medical reasons to eligible employees.

Medical documentation – A health care provider’s written certification confirming the necessity to be absent due to personal illness or illness in the family. For personal illness and family illness, the certification must include the employee’s name, provider’s name, provider’s phone number, illness dates, return to work date, and provider’s signature. **Principals and office heads may NOT require a medical diagnosis of the employee’s condition.** For illness in the family, the physician must state the medical necessity for the employee to be absent from work to care for the family member.

Substitute Employee Management System (SEMS) – An automated substitute calling system accessed via the internet and telephone.

Workable Days – The number of days in the school year or in the fiscal year that an employee is expected to work.

## **Frequently Asked Questions**

1. What are the legal requirements concerning personal illness leave and family illness leave? Are these an employee benefit or an employee entitlement?

Paid personal illness and family illness leave is not an inalienable right. Employees have no right to these benefits unless they are given to them by the employer, and according to the Department of Labor, about half the full-time American workforce gets no paid personal illness or family illness days. Employers also have latitude in setting policies regarding paid time off. State law (COMAR 13A.07.03.02) requires school systems to provide sick leave to certificated employees, and BCPS provides this benefit to all permanent employees. Sick leave may be viewed as a type of insurance policy to provide compensation when an employee is absent due to personal illness or for illness in the family.

2. If a diagnosis appears on the medical documentation, how should such medical records be maintained at the work site?

If medical documentation is provided and it includes a diagnosis of the employee's condition, then this information should be considered confidential at the site and shared only with the Office of Risk Management.

3. How should medical documentation and any other medical information be maintained at the worksite?

The information must be kept confidential and separate from other employee files. It must also be kept in a secure file.

4. What should I do if medical documentation provided by the employee appears to be altered?

Refer the issue to the Office of Risk Management for follow-up and verification.

5. What should I do if an employee requests to use personal illness leave or family illness leave for a non-medical or non-illness related reason?

The employee may use vacation days or urgent personal business days for non-medical or non-illness related reasons. If adequate time is not available in those categories, consult with the Office of Staff Relations for available options.

Twelve-month employees accrue vacation time, and all permanent employees are advanced time to attend to urgent personal business (UPB). Vacation and UPB must be approved by an appropriate administrator.

6. What happens if the school year or fiscal year ends and the employee's attendance problems continue? Do I have to start over the EAMP process?
- If the employee's use of personal or family illness leave meets the EAS or does not continue after the first meeting, then the process would begin again if necessary the next school or fiscal year.
  - If the employee has received the letter requiring medical documentation for all personal and family illness absences, and absences do not continue and/or medical documentation is received and absences do not exceed the amount allowed by contract, the process would begin again the next school or fiscal year.
  - If the employee has received the letter requiring medical documentation for all personal and family illness absences, and the absences continue above and beyond the amount allowed by contract, the process would continue into the next school or fiscal year whether or not medical documentation is provided by the employee.

**Phase One: Identification of Employees Who are Not Meeting or are at Risk of Not Meeting the EAS**

Step 1: Review current month's Leave Usage Report from the Metaviewer Retrieval System and/or from SEMS. **The EAMP program will not address employees currently managed in the Integrated Disability Program (IDM) who have been out ten or more consecutive days and have been reported to the Office of Risk Management. The program will also not address maternity/paternity leave since these leaves are processed and monitored by the Department of Human Resources.** Employees already in the IDM program or on maternity/paternity leave are noted and highlighted on the report for information only, and are not to be included in this program (see Sample Leave Usage Report in Appendix 3).

Step 2: Identify any employee whose absences due to personal or family illness is not meeting or is within three days of not meeting the EAS (see chart on the following page) and no medical documentation has been presented.

These criteria are based upon the EAS goal to ensure a 96% annual attendance rate.

Other approved absences and leaves (i.e., military, bereavement, FMLA, urgent personal business, religious observances) should not be included in determining if an employee is not meeting or is at risk of not meeting the EAS.

Step 3: Proceed to Phase Two for any employee who is not meeting or is at risk of not meeting the EAS due to personal illness or family illness leave usage and no medical documentation has been provided.

Examples:

- A full-time, ten-month employee has used a total of five personal illness leave days in the current school year, is three days away from the standard of eight days (52 hours), and has will appear in the report.
- A full-time, twelve-month employee has been absent due to personal illness a total of six days in the current year, is three days away from the standard of nine days (72 hours), and will appear in the report.

Bargaining Unit	10-Month Employees				12-Month Employees			
	Number of hours worked per day	Workable days (hours)	Not meeting the EAS in days (hours)	Three days from not meeting the EAS in days (hours)*	Number of hours worked per day	Workable days (hours)	Not meeting the EAS in days (hours)	Three days from not meeting the EAS in days (hours)*
TABCO (Teachers, middle and high school nurses, and guidance counselors)	6.5	185 (1202.5)	8 (52.0)	<b>5 (32.5)</b>	6.5	225 (1462.5)	9 (58.5)	<b>6 (39.0)</b>
PSNA (Elementary school nurses)	6.5	185 (1202.5)	8 (52.0)	<b>5 (32.5)</b>	6.5	225 (1462.5)	9 (58.5)	<b>6 (39.0)</b>
BACE (Paraeducators)	6.5	185 (1202.5)	8 (52.0)	<b>5 (32.5)</b>	-	-	-	-
BACE (Clerical/classified staff)	7.5	185 (1387.5)	8 (60.0)	<b>5 (37.5)</b>	7.5	225 (1687.5)	9 (67.5)	<b>6 (45.0)</b>
CASE (Administrative personnel, supervisory personnel, technical staff, and cafeteria managers**)	7.5	185 (1387.5)	8 (60.0)	<b>5 (37.5)</b>	7.5	225 (1687.5)	9 (67.5)	<b>6 (45.0)</b>
AFSCME (Bus drivers and attendants)	8.0	180 (1440)	8 (64.0)	<b>5 (40.0)</b>	-	-	-	-
AFSCME (Custodial, grounds, and maintenance staff)	-	-	-	-	8.0	225 (1800.0)	9 (72.0)	<b>6 (48.0)</b>

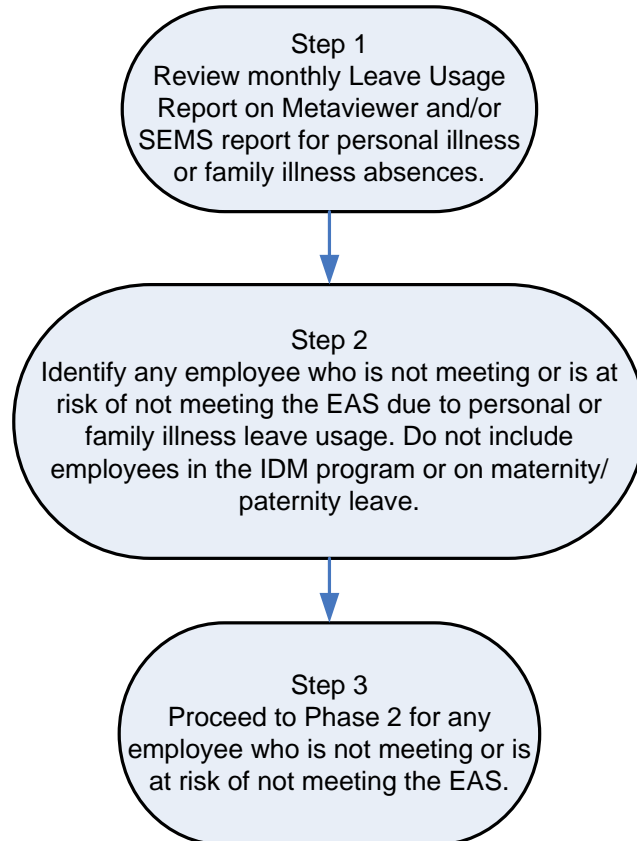
\*Proceed to Phase 2 of the Employee Attendance Monitoring Program.

\*\*Cafeteria managers are the only ten-month CASE employees. Information is based upon full-time equivalency.

Refer to Appendix 2 for absence accrual rates of bargaining units.

# Phase One

## Identification of Employees Who are Not Meeting or are at Risk of Not Meeting the EAS



## **Phase Two: Initial EAMP Meeting with Employee**

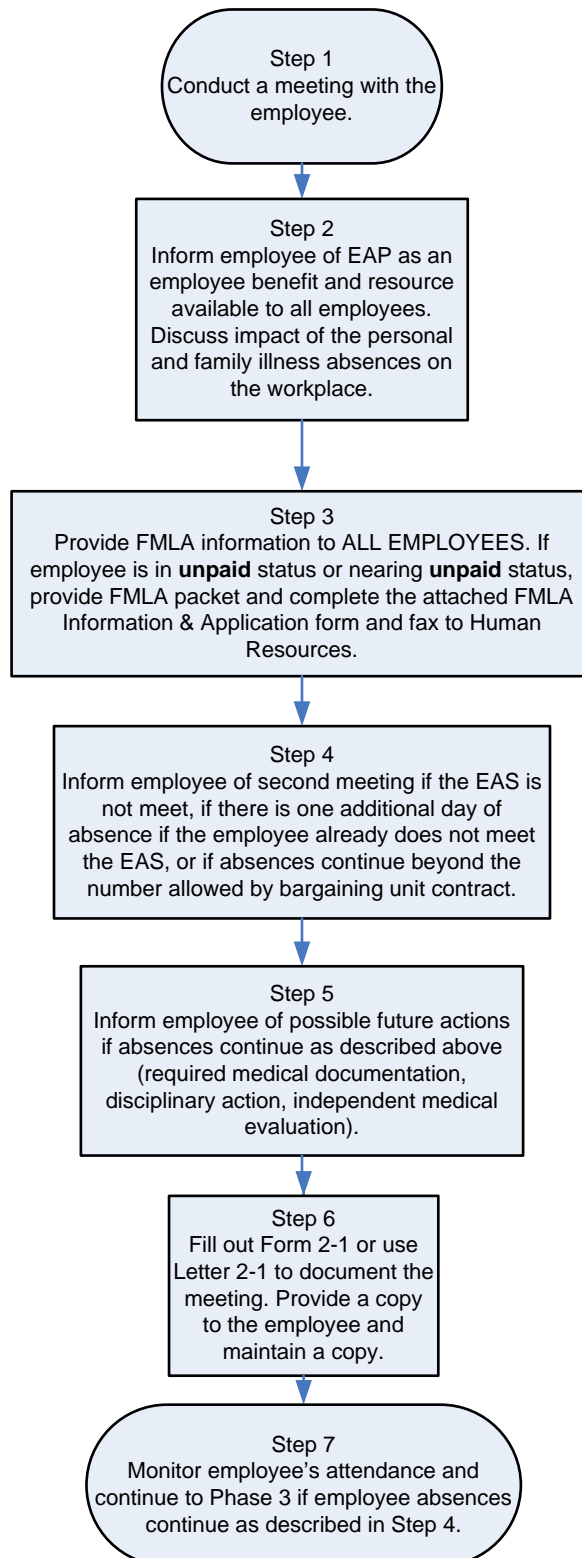
This phase is designed to provide notice and information to employees who are not meeting the EAS or are at risk of not meeting the EAS. The goal of the meeting is to: discuss the employee's absences; provide information about the Employee Assistance Program (EAP); and inform the employee of future actions if absences continue and/or the employee does not meet the EAS.

- Step 1: Conduct a meeting with the employee to discuss the employee's absences due to personal or family illness with no medical documentation.
- Step 2: Inform the employee of the EAP that is available as a benefit to all BCPS permanent employees and their dependents and provide information /brochure. Discuss the impact of employee's absences upon school/office (e.g., lack of coverage, decrease in productivity, financial, and morale impact). Focus on the importance of the employee's work in meeting the *Blueprint for Progress* goals and objectives.
- Step 3: Provide FMLA information at the initial meeting to all employees in the EAMP program. If the employee is approaching **unpaid** status, the FMLA Information & Application Form **must** be given to the employee, signed by the employee, and sent to the appropriate office in the Department of Human Resources (see the FMLA information section in the manual).
- Step 4: Inform the employee that another meeting will be held if the employee does not meet the EAS, if the employee already is not meeting the EAS and is absent one additional day without appropriate medical documentation, or if absences with medical documentation continue beyond the number of absences provided by the bargaining unit contract.
- Step 5: Inform the employee that if his/her absences for personal and/or family illness continue as described above, then consistent with Board Policy/Rule:
- medical documentation will be required from his/her health provider;
  - failure to provide medical documentation, once required, may result in disciplinary action; and
  - an independent medical evaluation by a Board of Education medical provider may be required.
- Step 6: Complete the Employee Attendance Form (Form 2-1), or use Letter 2-1 to summarize this meeting for the employee. Give a copy to the employee and file a copy on site.

Step 7: Monitor the employee's attendance. Continue to Phase Three if the employee does not meet the EAS, if the employee already is not meeting the EAS and is absent one additional day without appropriate medical documentation, or if absences with medical documentation continue beyond the number of absences provided by the bargaining unit contract.

**Please note:** If the employee offers to provide medical documentation for all absences (past or future), accept the documentation and monitor the employee using Option A in Phase 4 if the absences for personal or family illness continue.

## Phase Two Initial EAMP Meeting with the Employee



Letter 2-1

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

This is a follow-up to our meeting on \_\_\_\_\_, the purpose of which was to discuss your absences for personal and/or family illness during the year for which no medical documentation has been provided. According to Baltimore County Public Schools Superintendent's Rules 4153 (Professional Personnel) and 4270 (Classified Personnel), absences which are causing the employee to not meet, or to be at risk of not meeting the Employee Attendance Standard (EAS) are to be discussed with the employee. Procedures for addressing absences for personal and family illness can be found in the BCPS Employee Attendance Monitoring Program (EAMP). A presentation and brochure was provided to employees.

At our meeting, we reviewed and discussed your undocumented absences on the following dates: \_\_\_\_\_.

I gave you information about the Family and Medical Leave Act (FMLA) and the BCPS Employee Assistance Program (EAP). As I explained in the meeting, the EAP is a resource and employee benefit available to all BCPS employees and their dependents.

Additionally, we discussed the actions that would be taken if your personal illness or family illness absences continue without appropriate medical documentation. I informed you at the meeting that, consistent with Board of Education Policy and Rule, if the absences continue or if at this time you do not meet the Employee Attendance Standard (EAS) and have an additional day of absence, I will be requiring medical documentation for all absences due to personal illness and/or family illness.

Thank you for meeting with me and discussing this very important topic. Regular and consistent attendance is essential to successful work performance and the fulfillment of the mission and goals of Baltimore County Public Schools. If you need any other information to assist you, please let me know.

Sincerely,

Principal/Office Head



**Baltimore County Public Schools**  
**ATTENDANCE MONITORING PROGRAM**  
**Summary of Employee Attendance Meetings**  
**Form 2-1**

Employee: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Site: \_\_\_\_\_

Total Days of Personal/Family Illness Leave Used this Fiscal Year: \_\_\_\_\_

Personal/Family Leave Balances: \_\_\_\_\_

Prior Meeting Dates: \_\_\_\_\_

Reason for Meeting: \_\_\_\_\_

Attendance  Tardiness  Other: related to absence (e.g., failure to call in, failure to provide required documentation)

Specify details (attach additional sheet if needed):

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

Employee's Response:

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

Administrator/Supervisor Comments and Recommendations for Improvement:

\_\_\_\_\_

Resources Discussed:

EAP Brochure  FMLA Information  Other: \_\_\_\_\_

Subsequent steps for continued personal/family illness absences without appropriate medical documentation (Superintendent's Rule 4153 (Professional Personnel) and 4270 (Classified Personnel)):

Written notice of requirement for medical documentation for all future personal or family illness absences

Referral to Office of Risk Management for independent medical review (may result in recommendation for medical evaluation by Board physician.)

Appropriate disciplinary action

Other: \_\_\_\_\_

I have received a copy of this form, and I have the opportunity to respond.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

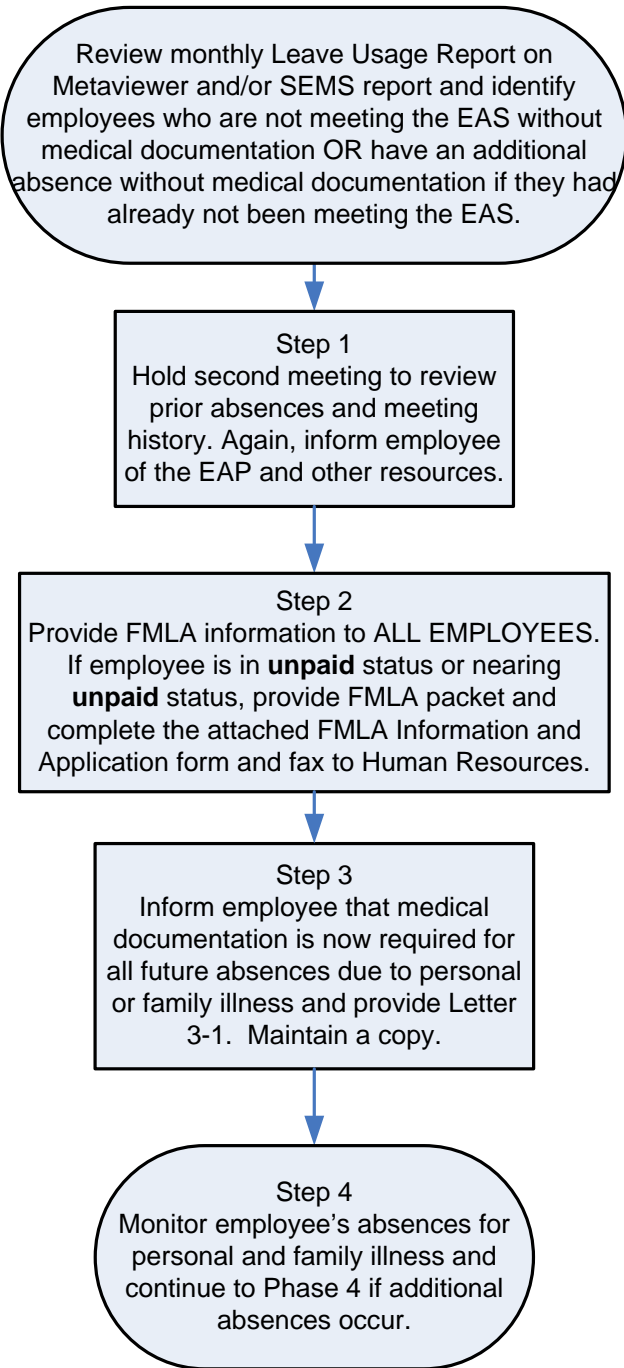
**Maintain form on site, and give one copy to the employee.**

**Phase Three: Second EAMP Meeting with an Employee with Whom You Have Previously Met**

The purpose of this phase is to provide notice to the employee that medical documentation is now required for all future personal illness and family illness absences, since the employee is not meeting the EAS and medical documentation has not been provided or the employee has already failed to meet the EAS and has an additional absence with no medical documentation.

- Step 1: Conduct meeting and review prior absence and meeting history. Again, inform employee of the EAP available to all employees and other appropriate resources.
- Step 2: Provide information concerning the FMLA, if appropriate. If the employee is approaching unpaid status, the FMLA Information & Application Form must be signed by the employee and sent to the appropriate office in the Department of Human Resources (see the FMLA information section of this manual).
- Step 3: Inform the employee that medical documentation is now required for all future absences for personal illness or family illness leave, and provide letter 3-1. **\*\* (This requirement is in effect for three months from the date of this meeting for employees represented by AFSCME).** Give the employee a copy and file a copy on site.
- Step 4: Monitor the employee's attendance, and continue to Phase Four if additional absences due to personal or family illness occur.

## Phase Three Second EAMP Meeting



Letter 3-1

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

During our meeting on \_\_\_\_\_, we discussed your absences for personal and/or family illness on the following dates: \_\_\_\_\_. You were provided with information about the FMLA and the BCPS Employee Assistance Program. We also discussed the steps that would be taken, consistent with Board Policy and Rule, should your absences continue with no appropriate medical documentation and you do not meet the Employee Attendance Standard (EAS). Since that meeting, you were absent on the following dates with no medical documentation: \_\_\_\_\_.

As stated in previous correspondence dated \_\_\_\_\_, Board Policies and Superintendent's Rules 4153 (Professional Personnel) and 4270 (Classified Personnel) state, "if the absences continue, the administrator may require the employee to submit written certification by a physician confirming the necessity for absences due to illness." As of the date of this letter, you are required to provide medical documentation for all absences due to personal or family illness. **The medical documentation must include the date (s) of absence, reason for absence, the projected date of return to work, the provider's name, address, phone, and signature.** If the absence is for family illness, the documentation needs to include the medical necessity to be absent to care for an ill family member.

Failure to provide the required medical documentation for personal illness and family illness absences from this date forward will be considered insubordination and will result in a letter of reprimand which will become a part of your personnel record.

Regular and consistent attendance is essential to successful work performance and to the fulfillment of the mission and goals of Baltimore County Public Schools. During our first meeting, I gave you information on a variety of resources. If I can be of any further assistance, please contact me.

Sincerely,

Principal/Office Head  
(\*For AFSCME, requirement is valid for 3 months)

**Phase Four: Addressing Employee’s Continued Personal or Family Illness Absences With or Without Medical Documentation**

Proceed to one of the following options if an additional day of absence due to personal or family illness occurs.

**Personal or Family Illness Absences Continue and Requirement for Medical Documentation is Met**

Option A: If absences have continued since the second EAMP meeting, and the employee has provided medical documentation for the new absence(s) since the second meeting, continue to monitor the employee and obtain medical documentation for future absences. If the absences continue and assistance is needed, or absences exceed the number allowed by agreement per year (10-18, See Appendix 2):

Step 1: Contact the Office of Risk Management for a possible medical evaluation.

The Office of Risk Management may take the following actions:

- Contact the employee to gather additional information.
- Recommend that the appropriate Area Assistant Superintendent, Executive Director or designated Office Head approve an independent medical evaluation for the employee.
- Establish an appointment for the employee with an appropriate provider (if necessary).
- Notify the employee’s appropriate Area Assistant Superintendent, Executive Director or designated Office Head of the independent physician’s findings/recommendations once the report is received by the Office of Risk Management.
- Assist with follow-up as needed.

Step 2: If the Office of Risk Management recommends a medical evaluation, provide letter 4-1 to inform the employee that the case has been referred to the Office of Risk Management. Keep a copy of the letter on site. Complete the Request for Review Form (Form 4-1), attach medical documentation, and send to Risk Management.

**Personal or Family Illness Absences Continue and Requirement for Medical Documentation is Not Met**

Option B: If the employee has not provided appropriate medical documentation for each new personal or family illness absence(s) since the second EAMP meeting:

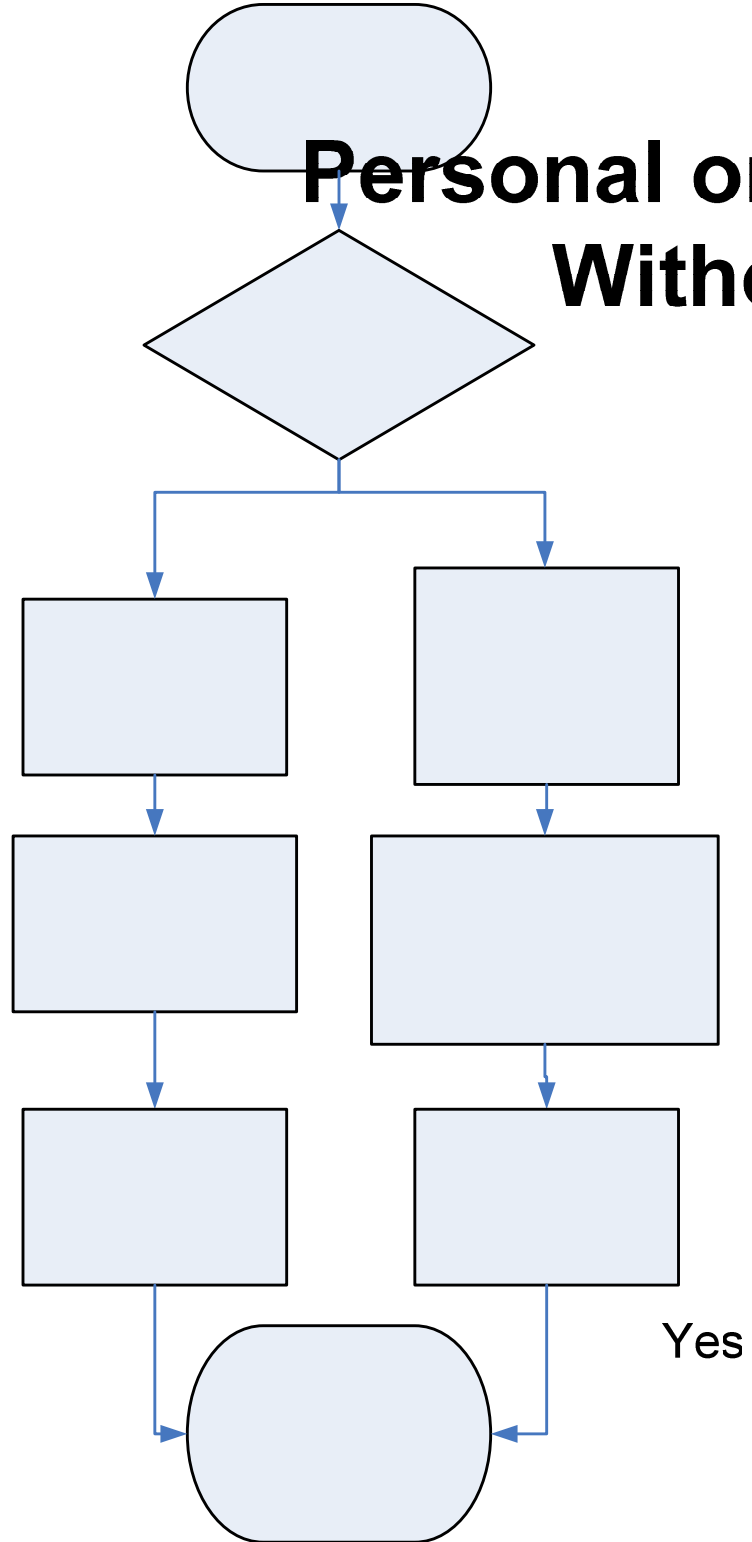
Step 1: Prior to a letter of reprimand being presented, hold a meeting with the employee concerning the undocumented absences to allow the employee to explain why they have continued.

Step 2: If the explanation is not acceptable or documentation is not received, notify the employee's appropriate Area Assistant Superintendent, Executive Director or designated Office Head that a letter of reprimand (Letter 4-2 is being given for failing to follow a directive of an administrator. This infraction is considered insubordination.

Step 3: Present the employee with Letter 4-2 at the meeting. Inform the employee that he/she may have legal/union representation at this meeting. Keep a copy of the letter on site.

Pha

# Personal or Family History Without Medication



Initiate t  
additional

Has the en  
medical c

Yes

**Letter 4-1**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

At our meeting on \_\_\_\_\_, I gave you written notification that medical documentation was required by your medical provider for all personal or family illness-related absences in accordance with Board Policies and Superintendent's Rules 4153 (Professional Personnel) and 4270 (Classified Personnel). You were also informed that continued absences, even those confirmed by a physician, might result in a recommendation for an independent medical evaluation scheduled through the Office of Risk Management.

Due to your continued illness-related absences, I have referred this case to the Office of Risk Management for a possible independent medical evaluation. You will receive written notification in the near future concerning the status of the evaluation.

I trust that you will take this opportunity to improve your attendance and to continue to provide the necessary medical documentation as required.

Sincerely,

Principal/Office Head

**Letter 4-2**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

At our meeting on \_\_\_\_\_, I gave you written notification that medical documentation was required from your medical provider for all personal or family illness-related absences in accordance with Board Policies and Superintendent’s Rules 4153 (Professional Personnel) and 4270 (Classified Personnel). The Rules also state that “if undocumented or excessive absences continue, appropriate disciplinary action, up to and including termination, will be taken.”

Since I have not received appropriate medical documentation for your absences on \_\_\_\_\_, and you failed to heed my previous requirement for medical documentation, I am presenting you with this written reprimand for not following a directive of an administrator.

I trust that you will take this opportunity to correct your attendance and to provide the necessary medical documentation as required. Should you fail to provide the medical documentation, this will be construed as insubordination and further disciplinary action, up to and including termination, will be recommended.

Sincerely,

Principal/Office Head

**c. Personnel File**

**FORM 4-1**  
BALTIMORE COUNTY PUBLIC SCHOOLS  
Office of Risk Management

**EMPLOYEE ATTENDANCE MONITORING PROGRAM**  
REQUEST FOR RISK MANAGEMENT REVIEW

Date: \_\_\_\_\_

Person Requesting Review: \_\_\_\_\_  
(Name & Title)

Relationship to Employee: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_ Site: \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Brief History: (include number of absences, history, information provided by employee)

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

\* Attach statement if additional information needs to be provided

Supporting documentation (e.g., letters, written statements, or medical documentation) must be sent for review to be completed.

- Records are enclosed for review or will follow
- No records

Additional information: \_\_\_\_\_

\_\_\_\_\_

**Due to the nature of the information, call the Office of Risk Management prior to faxing (410-308-4720) or sending via interoffice mail. If sending information via mail, please enclose in a sealed envelope and mark it "Confidential for Risk Manager."**

### **Phase Five: Follow- Up with Employee**

The purpose of this phase is to acknowledge when attendance has improved, the required medical documentation has been received, or absences for personal/family illness continue after the letter of reprimand has been provided.

#### **Employee Attendance Has Improved**

- Step 1: Send Letter 5-1 to commend the employee's actions if absences have not continued since the last meeting. Keep a copy of the letter on site.
- Step 2: Continue to monitor the employee's attendance.

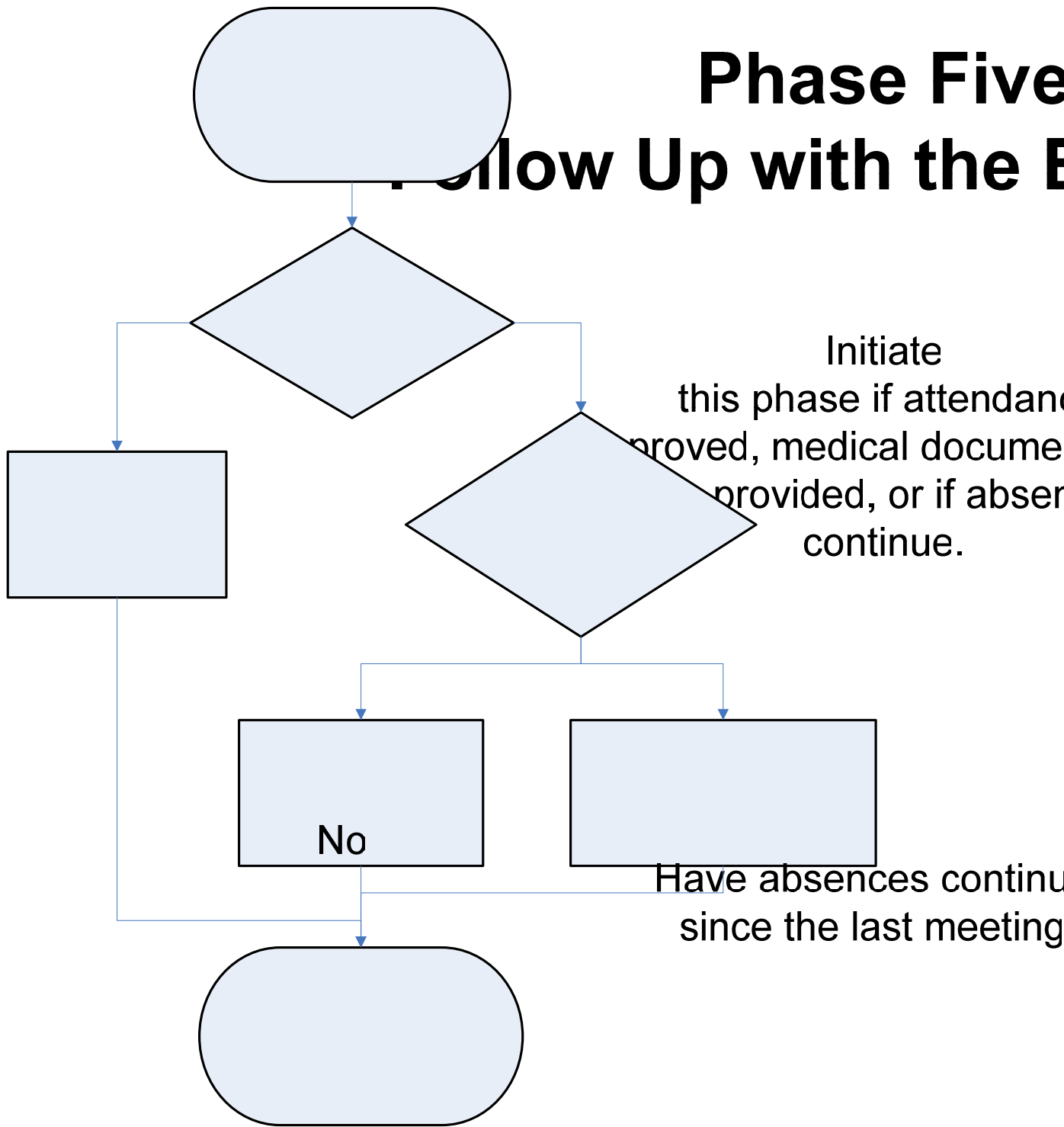
#### **Employee Has Provided Medical Documentation as Required**

- Step 1: Send Letter 5-2 to recognize employee's compliance with the requirement for medical documentation if absences have continued since the last meeting. Keep a copy of the letter on site.
- Step 2: Continue to monitor the employee's attendance.

#### **Employee Absences Continue and Medical Documentation has not been Provided**

- Step 1: Refer to the appropriate Area Assistant Superintendent, Executive Director or designated Office Head for further disciplinary or other action if absences have continued since the last meeting and the required medical documentation has not been provided.
- Step 2: Continue to monitor the employee's attendance.

# Phase Five Follow Up with the E



Initiate this phase if attendance approved, medical documents provided, or if absences continue.

Have absences continued since the last meeting?

Step 1  
Send Letter 5-1 to recognize employee's

**A version of the following letter may be used any time that it is appropriate.**

**Letter 5-1**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

Thank you for your improved attendance. As we discussed at previous meetings, your attendance has a direct impact on morale, your co-workers, work productivity, and on the achievement of the mission of the school system.

If you should find that circumstances warrant your absence from work at any time due to personal or family illness, please provide me with the appropriate documentation.

If I can be of any further assistance, please let me know.

Sincerely,

Principal/Office Head

**A version of the following letter may be used any time that it is appropriate.**

**Letter 5-2**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dear \_\_\_\_\_:

Thank you for providing me the required medical documentation regarding your absences due to personal or family illness. As we discussed at previous meetings, your attendance has a direct impact on morale, your co-workers, work productivity, and on the achievement of the mission of the school system.

If you should find that circumstances warrant your absence from work at any time due to personal or family illness, please provide me with the appropriate documentation.

If I can be of any further assistance, please let me know.

Sincerely,

Principal/Office Head

Baltimore County Public Schools  
FMLA Information & Verification Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Job title: \_\_\_\_\_

On the above date, the following information and materials were discussed and given to the employee:

- Information about personal and family illness leave usage and balances
- Family and Medical Leave Act (FMLA) Information
- FMLA Application Packet
- Contact information concerning Leaves, Department of Human Resources

\_\_\_\_\_  
Signature of Administrator/Supervisor

I acknowledge that I received the information and materials noted above.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Once completed, fax or send this form by interoffice mail to the appropriate office:

Support Services, Personnel, Mary Roney 410-887-0386  
Office of Staff Relations, Bernadette Wolf 410-769-9297

Keep a copy of the form and fax confirmation sheet in the employee's file on site.

# Appendix

## Appendix 1

COMAR 13A.07.03.02

### **.02 Attendance and Absence of Certificated Employees.**

A. Notification in Case of Absence. When it is necessary for a certificated employee to be absent for any reason, the employee shall report to the local superintendent or designated official. If a teacher acts contrary to this regulation, the employee shall forfeit his or her salary for the time lost and incur such other penalty as the local board may prescribe. A substitute who was not assigned to the school by the local superintendent, or his or her designated official, or whose assignment is not approved by him or her, is not entitled to compensation.

B. Absence for Illness.

(1) Certificated employees in the local school systems in the State shall be allowed minimum sick leave at the rate of 1 work day per month, the annual total of which shall be available at the beginning of the school year.

(2) Each certificated employee who shall submit to the local board of education satisfactory proof of illness requiring absence from work shall be paid full salary for the allowed sick leave in any school year plus the minimum cumulative sick leave hereinafter specified. At the discretion of the local board, full, partial, or no salary may be paid for absence because of illness in excess of the allowed minimum annual sick leave and accumulated sick leave.

(3) Unused sick leave from and after August 31, 1966, shall be cumulative up to 100 days, provided, however, that local school systems may allow unused cumulative sick leave in excess of 100 days. Sick leave accumulated up to a maximum of 100 days from and after August 31, 1966, shall be transferred without change to any public school system in Maryland. Local school systems may, consistent with local rules and regulations, allow the transfer of cumulative sick leave in excess of 100 days.

C. Absence for Death in Family. On the death of a child, parent, brother, sister, husband, wife, or of anyone who has lived regularly in the household of a certificated employee, the certificated employee shall be allowed 4 calendar days of absence from school without loss of salary.

D. Time Lost Not to Be Made Up. Time lost by the certificated employee, whether for illness or any other cause, may not be made up on Saturdays or on legal holidays or in extra hours.

E. Deductions for Absences. For each day's absence without good and sufficient reason accepted by the local board of education, the board shall deduct the daily rate of pay for that certificated employee.

F. Record of Certificated Employee's Attendance. Certificated employees shall keep a record of their daily attendance in a manner approved by the State Board of Education and provided by the local board of education for that purpose. The record shall be preserved in good condition and open during school hours for the inspection of the local superintendent or designated official and members of the local board of education, whenever desired.

## Appendix 2

Employees may be absent, without loss of pay, for a variety of approved reasons. Each Master Agreement contains a comprehensive list of absences and leaves available to permanent employees (*see the Master Agreements for the definitions and rules concerning absences and leaves*). All absences and leaves are prorated based upon the employee's date of hire and full time equivalency. The tables below show the accrual rates for the most common types of absences. Vacation is accrued; the other types are advanced.

<b>ABSENCE</b>	<b>TABCO and PSNA</b>	<b>CASE</b>
<b>Bereavement</b> – immediate family	4 consecutive calendar days from the date of death	4 consecutive calendar days from the date of death
<b>Sick Leave</b> – 10 month employee	10 days the first 2 fiscal years; 15 days thereafter	10 days the first 2 fiscal years; 15 days thereafter
<b>Sick Leave</b> – 12 month employee	12 days the first 2 fiscal years; 18 days thereafter	12 days the first 2 fiscal years; 18 days thereafter
<b>Sick Leave</b> – Family Illness (subset of employee's sick leave)	4 days/year up to 8 days maximum. Additional days with special permission	4 days/year up to 8 days maximum. Additional days with special permission
<b>Urgent Personal Business</b>	3 days. May not be used immediately prior to or after a holiday without special permission	5 days
<b>Vacation</b> – 12 month employees only	20 days per fiscal year	20 days per fiscal year

<b>ABSENCE</b>	<b>AFSCME</b>	<b>BACE</b>
<b>Bereavement</b> - immediate family	4 consecutive calendar days from the date of death	4 consecutive calendar days from the date of death
<b>Sick Leave</b> – 10 month employee	10 days the first fiscal year; 15 days thereafter	10 days the first fiscal year; 15 days thereafter
<b>Sick Leave</b> – 12 month employee	12 days the first fiscal year; 18 days thereafter	12 days the first fiscal year; 18 days thereafter
<b>Sick Leave</b> – Family Illness (subset of employee's sick leave)	4 days/year up to 8 days maximum. Additional days with special permission	4 days/year up to 8 days maximum. Additional days with special permission
<b>Urgent Personal Business</b> (Bus drivers and attendants 2 days and 1 inclement weather day)	3 days. May not be used immediately prior to or after a holiday without special permission	5 days. May not be used immediately prior to or after a holiday without special permission
<b>Vacation</b> – 12 month employees only	01-05 years: 10 days 06-10 years: 15 days >10 years: 20 days	01-05 years: 10 days 06-10 years: 15 days >10 years: 20 days

REPORT ID: XXnnnn

Sample, Appendix 3

POT SPRING ELEM (0808)  
Leave Usage Report thru 01/31/2005 (hours/minutes)  
TOTAL LEAVE > 32.50 SCHOOL YEAR: 04 - 05

AREA: CN

EMPLOYEE NAME	PAYROLL	CATEGORY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD
DOE, JOHN	BASE1	FAMILY IL	0.00	0.00	0.00	0.00	0.00	0.00	26.00	0.00	0.00	0.00	0.00	0.00	26.00
DOE, JOHN	BASE1	PER ILLNESS	0.00	0.00	5.00	0.00	0.00	0.00	48.00	0.00	0.00	0.00	0.00	0.00	53.00
<b>PATERNITY</b>	<b>EMPLOYEE TOTAL LEAVE :</b>		<b>0.00</b>	<b>0.00</b>	<b>5.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>74.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>79.00</b>

Comments: \_\_\_\_\_

SMITH, JANE	BASE1	FAMILY IL	0.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	0.00	0.00	9.00
SMITH, JANE	BASE1	PER ILLNESS	0.00	0.00	0.00	1.00	2.30	6.30	26.00	0.00	0.00	0.00	0.00	0.00	36.00
<b>MATERNITY</b>	<b>EMPLOYEE TOTAL LEAVE :</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.00</b>	<b>2.30</b>	<b>6.30</b>	<b>35.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>45.00</b>

Comments: \_\_\_\_\_

JONES, SUSAN	BASE1	FAMILY IL	0.00	0.00	0.00	0.00	0.00	9.30	6.30	0.00	0.00	0.00	0.00	0.00	16.00
JONES, SUSAN	BASE1	PER ILLNESS	0.00	0.00	0.00	0.00	0.00	6.30	13.00	0.00	0.00	0.00	0.00	0.00	19.30
<b>IDM</b>	<b>EMPLOYEE TOTAL LEAVE :</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>16.00</b>	<b>19.30</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>35.30</b>

Comments: \_\_\_\_\_

KELLY, ELLEN	BASE1	FAMILY IL	0.00	0.00	0.00	3.00	0.00	6.30	0.00	0.00	0.00	0.00	0.00	0.00	9.30
KELLY, ELLEN	BASE1	PER ILLNESS	0.00	0.00	0.00	6.30	3.00	6.30	16.00	0.00	0.00	0.00	0.00	0.00	32.00
	<b>EMPLOYEE TOTAL LEAVE :</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9.30</b>	<b>3.00</b>	<b>13.00</b>	<b>16.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>41.30</b>

Comments: \_\_\_\_\_