

MEMORANDUM

DEPARTMENT OF GENERAL SERVICES – MARYLAND CAPITOL POLICE

To: _____

Date: _____

From: _____

Copies: Personnel File
Human Resources

Subject: Status/One-Day Sick Slip Requirement

Our records indicate that you were placed on the One-Day Sick Leave Reporting Program on _____. After six months I'm required to review your leave record and notify the Personnel Division whether you are to remain on the One-Day Sick Slip Program requirement or be removed from the program.

Please keep in mind that, as the supervisor, it is my responsibility to notify the Personnel Division when the employee returns to work without the required medical documentation. Since this type of situation is a violation of COMAR regulations as well as the Department's Administrative Directive concerning sick leave, appropriate disciplinary action may be taken.

Attendance in the last six months:

Has improved. The One-Day Sick Leave Reporting requirement is removed effective immediately.

Has **not** improved. The employee should remain on the One-Day Sick Leave Reporting Program an additional six months. The leave record will be reviewed again in six months.

Employee's Signature: _____

Supervisor's Signature: _____

Date: _____