Date: April 4, 2008
Effective Date: July 1, 2008

The Department of Mental Health and Addiction Services Procedure
Human Resources

Commissioner's Policy Statement No. 64

EMPLOYEE ATTENDANCE

The success of the Department of Mental Health and Addiction Services in carrying out its mission depends to a large degree upon the dependability of its employees. Absenteeism can have a severe impact upon the ability of our Department to provide essential services to our clients. For this reason, regular attendance is essential and is to be expected of all employees. While there may be situations beyond an employee's control which cause absence from work, employees are expected to minimize absences whenever possible. Therefore, it is the policy of the Department of Mental Health and Addiction Services that all employees shall:

1. **Manage their personal business in a manner which will enable them to report to work as scheduled in a regular and dependable fashion;**
2. **Limit absenteeism to legitimate reasons, as prescribed by collective bargaining agreements and State/Federal Laws;**
3. **Report for work on time when scheduled and remain at their respective assigned duty stations, as scheduled;**
4. **Request time off in a timely way according to established procedures and contractual guidelines, and;**
5. **Report all absences in accordance with the Department's policies and work rules.**

Continued absences from work or excessive absenteeism may each, in and of itself, constitute an abuse of sick leave, excluding absences covered by State/Federal Laws. Where attendance issues arise or where attendance problems persist, they shall be handled in accordance with the Department of Mental Health and Addiction Services' Employee Attendance Review Procedure AC 230 D23.

Thomas A. Kirk, Jr., PhD. Commissioner

This directive replaces Commissioner's Policy Statement No. 64 dated 8/15/1996.

The Department of Mental Health and Addiction Services Procedure
Human Resources

AC: 230
D: 23
Date: April 25, 2008

SUBJECT: Employee Attendance

PURPOSE: The purpose of this procedure is to implement a uniform approach to the review of employee attendance and the treatment of employees with attendance problems, consistent with Commissioner's Policy Statement No. 64 and the Department of Mental Health and Addiction Services' General Work Rules.

INTRO: The success of our Department depends to a great extent upon the dependability of our employees. Each employee is an essential link in the delivery of services vital to our clients. For this reason, all absenteeism, regardless of reason, has an adverse impact upon the Department's ability to carry out our mission.

This procedure is designed to encourage good employee attendance, to prevent abuse of sick leave, to correct chronic tardiness, to provide supervisory personnel with uniform guidelines to address employee attendance issues. The procedure is not intended to penalize the employee with an isolated lengthy absence or a FMLA (Federal/State Medical Leave Act) approved absence.

SCOPE: This procedure applies to all employees of the Department of Mental Health and Addiction Services.

Attachments:
- Leave Request Form
- Guidelines for Attendance Review
- Attendance Review Form
- Request for Unpaid Leave Form
- OLR General Notice 2002-20
- A & R Stipulated Agreement

Distribution: DMHAS Policy Manual
All Staff

Thomas A. Kirk, Jr.
Commissioner

Replaces: AC 230 D23 Dated 7-1-96
AC230 D23 and Commissioner's Policy No. 79

DEFINITIONS:

Tardiness – Failing to report for duty assignment at the time scheduled; being late for duty at any point in the shift, such as failing to return from break periods on time. (See DMHAS Human Resource Procedure No. AC230-D16 Tardiness and individual bargaining unit contracts for instructions on how to handle this type of absence).

Unauthorized Leave – An employee's failure to report his/her absence according to Department/Facility policy or to otherwise absent herself/himself from work without proper authorization.

Absenteeism – Failure to report for work or to remain at work as scheduled, regardless of reason. Included in this category are tardiness, unauthorized leave, unanticipated use of sick leave, and emergency use of any accrued leave.

The term "as scheduled" is significant to this definition because it automatically excludes the following types of scheduled time off.

- Approved paid vacation leave
- Approved paid personal leave
- Approved compensatory leave
- Bereavement Leave (advanced notification to the supervisor must be given whenever possible)
- Jury Duty/Subpoenaed court appearance (court provided document and advance notification to supervisor is required)
- Military Leave
- Worker's Compensation Leave
- Sick Family time (up to 5 days per year or as governed by a collective bargaining contract)
- Designated and documented leave under the State or Federal Family and Medical Leave Acts
- Approved voluntary schedule reduction through Human Resources

Unpaid Leave of Absence for Less than 5 days– A leave of absence without pay not to exceed five consecutive work days at one time may be granted to any employee in state service for any cause satisfactory to the appointing authority concerned". The Department of Mental Health and Addiction Services has designated the appointing authority as the Facility Human Resource Director and approval shall be based on documentation provided on the attached designated form.

Unpaid Leave of Absence for More than 5 days –Any employee seeking a leave of absence from state service for longer than five consecutive work days shall submit his request in writing to his appointing authority, setting forth the reason for the leave and the beginning and ending dates of the leave desired. The appointing authority shall

promptly review the employee's request and transmit a copy thereof to the Commissioner of Administrative Services for review and approval. The Department of Mental Health and Addiction Services has designated the appointing authority as the Facility Human Resource Director and approval shall be based on agency operating needs.
(Reference respective collective bargaining agreements and contact labor Relations with any questions)

Abuse of Sick Leave – Use of sick leave for reasons other than those defined in the governing collective bargaining agreement(s) or State Regulations/Laws or falsely representing that sick leave is being used for those purposes. Continued absence from work or excessive absenteeism may each, in and of it itself, also constitute an abuse of sick leave.

PROCEDURE: Employee Responsibility

1. Employees are expected to manage their personal business in a manner which will enable them to report for work in a regular and dependable fashion. We recognize that there may be situations beyond an employee's control which cause absence from work. To the extent possible, employees are expected to minimize absence in unanticipated emergencies.

2. Employees must report for work on time and perform their assigned duties as regularly scheduled; they must remain at assigned duty stations until the regular quitting time or until properly relieved, as appropriate.

3. All employees are expected to notify supervisory personnel as far in advance as practical of expected absence and in accordance with DMHAS General Work Rules. The reporting of such information must be clear and concise; it must include the reason for absence, expected day or time of return, when known, and any other information which would have an impact upon the work environment during that employee's absence. A Leave Request form must be completed and approved in advance for all planned absences.

4. All employees will report their unscheduled absences in a timely manner, including tardiness, to the immediate supervisor or, in accordance with Department/Facility procedures and General Work Rules. Unless an emergency situation dictates otherwise, messages may not be left by third parties, i.e. friends, relatives, etc. or be left with secretarial staff, receptionist or co-workers. The employee must state clearly and concisely the reason for the absence, expected day/time of return, and any other information which would have an impact on the work environment during his/her absence. A Leave Request form must be completed immediately upon return to work following the absence.

5. In accordance with State Regulations/Laws or specific collective bargaining agreements, all employees are expected to provide documentation to cover sick leave use, where appropriate.

Supervisor Responsibility

1. Each supervisor shall be responsible for bringing to the attention of employees under his/her jurisdiction this procedure and any other Department policy, procedure or work rule which has been established for the purpose of providing direction and guidance for reporting employee absences.

2. When an employee is absent from work for 5 or more days, consecutively, the supervisor is responsible for notifying the Facility Human Resource Director.

3. Each supervisor will establish a system for monitoring and recording the attendance of his/her staff. This system should provide a record of each occasion of absence for each employee specifying:
   - The time the call was received from the employee;
   - The specific reason given by the employee for his/her absence;
   - The expected duration of the absence.

   If no call was received that should be indicated and the employee should be marked Unauthorized Leave (see Unauthorized Leave). Any employee who is to be charged unauthorized leave for the absence must be so notified. This notification shall be made either when the employee calls in or is denied authorized leave for the absence or in the case where no call is received, no later than the employee's return to work. The supervisor should file a MHAS20 in accordance with the Unauthorized Leave Policy section of this policy (page 7).

   These records provide the data necessary to review attendance in accordance with this procedure. The Facility Human Resource Director shall ensure that management receives quarterly time and attendance reports that represent the staff attendance.

4. Each supervisor shall review the attendance records of his/her staff at least quarterly on or about January 1, April 1, July 1 and October 1 of each year. These records shall include time and attendance reports as well as the supervisor's records. More frequent reviews should be done, if warranted.

5. Specific employees whose unscheduled absences reach one of the levels in the GUIDELINES FOR ATTENDANCE REVIEW (Addendum A of this Procedure) shall be identified. Absenteeism which reaches or exceeds these levels will not automatically be considered excessive nor will absenteeism which falls below these levels necessarily be considered acceptable. Each supervisor shall conduct a more extensive review of the attendance records of these employees and speak to the employee. In conducting this review, the supervisor shall consider, at a minimum, the following factors:

a. The number of occasions of unscheduled absences (Remember: each occasion of tardiness is an occasion of unscheduled absence);
b. The pattern of unscheduled absences;
c. The employee's length of State Service;
d. The employee's work history, including past attendance records;
e. The employee's efforts to improve his/her attendance;
f. Extenuating circumstances;
g. Medical documentation; and
h. Impact of the absence on the employee's work function.

A report of this review shall be submitted to the Human Resource Director. Addendum B, Attendance Review Form should accompany this report. After reviewing the employee's attendance, if a supervisor believes that discipline is warranted a MHAS20 shall be completed with the Addendum B attached. The MHAS20 shall be distributed to the Labor Relations Division in accordance with AC230D-19, AC230D-20.

Review Process for Attendance

1. Employees whose occasions of unscheduled absences reach or exceed the levels in Addendum A, the supervisor will meet with the employee to discuss the reasons for the absences. Addendum B, Attendance Review Form, is designated to assist the supervisor in conducting this review. Each time the Addendum B is completed for any individual employee, a copy shall be submitted to the Human Resource Director or designee. The supervisor and employee shall discuss the nature of the absences and their impact in the provisions of client care services. The supervisor will evaluate the information received in conjunction with the supervisor's simultaneous records of each absence, the official Time and Attendance printout, and the work history of the employee. If warranted, the supervisor shall formally counsel the employee and outline a program of expected improvement during the counseling session.

2. If the employee continues to have an unscheduled absenteeism rate which reaches or exceeds the levels outlined in Addendum A at the next review, the supervisor will again complete the Attendance Review Form and meet with the employee and Union Representation to discuss the circumstances of the absences, to review the records (considering all relevant factors as outlined above), and to determine if a MHAS20 should be filed. Disciplinary action should be addressed with a Labor Relations Representative.

3. Disciplines based on attendance shall be incorporated into the employee's Annual Service Ratings.

Note: Service Ratings for employees in the Administrative & Residual bargaining unit are addressed under the terms of General Notice 2002-20 (attached).

4. When an employee's attendance is satisfactory for a subsequent review period, the supervisor shall meet with the employee to provide positive reinforcement. Employees should be encouraged to continue efforts to improve attendance.

Unauthorized Leave

Under certain circumstances and employee's absence from work will be designated as unauthorized leave time. The use of unauthorized leave time places a heavy burden on the department because it unscheduled occurrences create difficulties in staffing and has a negative influence on our services. Incidents of LU will be documented on the time and attendance record and may form the basis for progressive discipline.

An employee will always be marked LU when:

1. S/he has not called in by the start of the shift in accordance with DMHAS General Work Rule #9 and does not report to work
2. S/he requests a day that is not approved by the supervisor and is denied the leave (Form MHAS-3), and s/he doesn't report to work or call in.
3. S/he does not call or calls after the start of the shift and reports to work fifteen (15) or more minutes late, s/he will be marked "LU" from the start of the shift until s/he reports to work. If the employee is late for less than fifteen (15) minutes, it should be documented on the late slip and treated like any other time. Allow the employee to use personal, vacation, or compensatory time if s/he provides satisfactory documentation to the designated supervisor.
4. S/he has been notified that a medical certificate is required for all absences charged to sick leave and fails to provide such documentation.

When an employee calls and is denied time, s/he should be told that the time will be marked LU.

An employee will sometimes be marked LU when:

1. S/he requests a day that the supervisor denied (Form MHAS-3) and later the employee called in sick for the day that was denied. In these cases, a work rule violation form (MHAS-20) must be filed with Labor Relations for their review and investigation.
2. If the employee claims that an emergency prevented them from calling in before the start of the shift, the supervisor may require documentation of the emergency on the next working day. If the documentation is acceptable to the Agency the time will be charged to earned time other than Sick Leave.

When an employee is LU for the first time, the supervisor should record the LU time on the Time and Attendance record and give the employee a copy of this policy. Document

a note in the supervisory file reflecting the date and incident of LU. If the next occurrence of unauthorized leave occurs within a year; the supervisor should report the particulars to Labor Relations on a Form MHAS20. Labor Relations will determine what appropriate course of action regarding discipline will be taken. Continued instances of unauthorized leave shall result in progressive discipline, up to and including dismissal.

Unauthorized Leave of 5 Days or More – When an employee fails to report for duty for 5 or more days or fails to return from an authorized leave for 5 or more days, the employee is subject to separation from State Services. The separation may occur either as a resignation not in good standing under State Personnel Regulation 5-243-1 or as a dismissal for just cause in accordance with State Personnel Regulation 5-240-1.

It is imperative that supervisors notify the Human Resource Office of instances of unauthorized leave so that notice may be sent to employees so that efforts can be made to avoid this extreme situation.

The Department of Mental Health and Addiction Services
ADDENDUM A

Guidelines for Attendance Review

Please note for purposes of these guidelines, the supervisor is reviewing **UNSCHEDULED** absences as defined in the Employee Attendance Review Procedure. Prescheduled time off, whether it is vacation, personal leave, sick leave for any purpose identified in the contracts or regulations, is not included in the occasions of absenteeism referred to below.

Employees whose rate of absenteeism reaches or exceed the levels described herein should be identified. Their attendance should be studied on an individual basis and the rate of absenteeism should not be automatically considered excessive. In like manner, absenteeism which falls below these levels may be considered unsatisfactory or excessive, depending on the particular set of circumstances that exist.

Supervisory staff shall review unscheduled absences not only in terms of days taken but also in terms of occasions and patterns of days taken. This review will consider that:

a) Unscheduled absence of one day is recorded as one occasion;
b) Unscheduled absence for any part of a day is recorded as one occasion;
c) Each occasion of tardiness is counted as one occasion of absence;
d) Unscheduled absences for any number of consecutive working days is recorded as one occasion, if related to the same cause; and
e) Pattern of sick leave use in conjunction with scheduled days off may be a manifestation of sick leave abuse.

Number of Occasions	Within This Time Period
3 or more	3 month period
5 or more	6 month period
7 or more	9 month period
9 or more	12 month period

When an employee's rate of unscheduled absences reaches these levels, a further in-depth review is indicated. The Attendance Review Form and Addendum B, should be completed as an aid in determining the appropriate course of action.

Important Addendum: General Notice 2002-20 is attached. It deals with the use of "days and occasions" as they impact Service Ratings for employees in the Administrative and Residual Bargaining Unit.

The Department of Mental Health and Addiction Services
ADDENDUM B

Attendance Review Form

Employee Name: _____ Date: _____

Job class: _____ Length of State Service: _____

Review Period: _____

Number of days of unscheduled absence: _____
Number of hours of unscheduled absence: _____
Number of separate occasions of tardiness: _____
Total tardiness (hrs./min.): _____

Total number of occasions of unscheduled absence: _____

Any unauthorized leave? _____ Describe: _____

Any long-term absence? _____ Describe: _____
(whether scheduled or not)

Any patterned unscheduled absences? _____ Describe:_____

Employee's explanation for unscheduled absences: _____
_____

Has the employee's unscheduled absenteeism exceeded levels in department guidelines?

a) During the preceding review period? _____
b) Prior to that? _____

Has the employee taken any steps to improve attendance? _____ What steps? _____
_____

List counseling's: _____
List warnings/disciplines: _____
Has EAP referral been offered/discussed? _____ Date: _____

List additional factors you feel should be considered: _____

What action do you recommend? Why? _____
_____

_____ _____
Supervisor's Signature Date

The Department of Mental Health and Addiction Services
REQUEST FOR UNPAID LEAVE LESS THAN FIVE (5) DAYS
NOT COVERED BY State/Federal FMLA

This form is to be completed in advance of your unpaid leave of absence. This form must be completed and returned to your Facility Human Resource Director for review and approval/denial. Failure to request unpaid leave in advance but still taking the time off shall result in your time being charged to Unauthorized Leave of Absence. This form is not to be used in conjunction with FMLA.

Employee Name: _____ Date: _____

Job class: _____

Facility _____ Unit/Division: _____

Request for use of:

__ Unpaid Leave of Absence (LAW) __ Unpaid Sick Not FMLA)

The reason for this request is:

_____

_____

_____

_____ _____
Employee Signature Date

Supervisor Recommendation: _____

_____

_____ _____
Supervisor/Manager Signature Date

To be completed by Facility HR Director

Approval/Denial to be based on agency operating needs and use shall be limited.

_____ Approved _____ Denied

_____ _____
Signature of HR Director Date

STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

Office of Labor Relations

October 24, 2002

General Notice 2002-20

TO: Labor Relations Designees

SUBJECT: A&R Service Ratings – days & occasions

Effective with the rating period ending 9/30/02, "days and occasions" should not be noted on the service rating form except when the A&R member has used:

1. more than 15 sick days in a year;
2. less than 15 days, but have a "clear identifiable pattern of usage", e.g., Mondays, Fridays, the day before or after holidays; OR
3. less than 15 days but have repeated or extended occasions of unauthorized leave without pay.

If an A&R member notifies their personnel department by 11/24/02 that they want their sick leave usage removed from their service ratings for 2000 – 2002, you should comply if usage does not fall within one of the above exceptions. Removal can be accomplished, for those qualifying, by stapling a sheet to the service rating indicating the following:

> "In compliance with a grievance settlement, all references to sick leave usage are hereby removed."

Agency Labor Relations Designees with questions may contact Robert Curtis at 418-6241. All other questions should be directed to the agency personnel office.

Linda J. Yelmini
Linda J. Yelmini
Director of Labor Relations

Phone: (860) 418-6447 Fax: (860) 418-6491
450 Capitol Avenue-MS# 53OLR, Hartford, Connecticut 06106

Vanguard Direct Rocky Hill, CT · VG #01-726682-1 5/07 W-85996

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES
410 Capitol Avenue, 4th. Floor
P.O. Box 341431
Hartford, CT 06134

LEAVE REQUEST

MHAS-3 REV. 1/97

INSTRUCTIONS:
1. PRINT OR TYPE.
2. USE SEPARATE FORM for each leave period requested.
3. SUBMIT ENTIRE SET to supervisor.
4. FORM MUST BE SIGNED by employee AND supervisor, IN ADVANCE (EXCEPT SICK LEAVE AND EMERGENCY LEAVES).
5. REQUEST FOR PAID SICK LEAVE of more than five consecutive days (or for any shorter period designated by the supervisor) must be accompanied by a Physician's Certificate (Form 33).

OFFICE USE ONLY
RECORDED BY
DATE

EMPLOYEE NAME *(Last, First, Middle Initial)*

SECTION

TYPE OF REQUEST *(Check one)* ☐ Initial ☐ Extension

TYPE OF LEAVE REQUESTED ***(Check one only)***

S - ☐ SICK LEAVE	- ☐ EARNED HOLIDAY (INSERT HOLIDAY CODES)	WE - ☐ EDUCATIONAL LEAVE	CU - ☐ COMP. TIME USED
SP - ☐ MEDICAL APPOINTMENT	PL - ☐ PERSONAL LEAVE	C - ☐ CONFERENCE/CONVENTION	L - ☐ AUTHORIZED LEAVE-NO PAY
SF - ☐ ILLNESS IN FAMILY	FF - ☐ FUNERAL IN FAMILY	WT - ☐ IN-SERVICE TRAINING	LU - ☐ UNAUTHORIZED LEAVE-NO PAY
V - ☐ VACATION	F - ☐ FUNERAL, OTHER	ML - ☐ MILITARY LEAVE	

UL ☐ UNION BUSINESS OTHER THAN STEWARD *(Specify)*

"UB" CHARGED TO UNION BANK?
(Check one) ☐ YES ☐ NO

OL ☐ OTHER *(Specify)*

DATE LEAVE TO BEGIN *(Time also, if not full day)*

DATE LEAVE TO END *(Time also, if not full day)*

TOTAL TIME REQUESTED
Days | Hours

REASON FOR LEAVE (NOT APPLICABLE FOR VACATION/HOLIDAY/COMP. TIME)

EMPLOYEE	SUPERVISOR	
DATE SIGNED	APPROVED *(if NO, give reason)* ☐ YES ☐ NO	
EMPLOYEE'S SIGNATURE X	SUPERVISOR'S SIGNATURE X	DATE SIGNED

TIMEKEEPING

STIPULATED AGREEMENT
In the matter of
STATE OF CONNECTICUT
And
ADMINISTRATIVE & RESIDUAL EMPLOYEES UNION

In full and final settlement of OLR File No. 16-3591, Union Code 00.110, the parties agree to the following:

1. The designation of "days and occasions" on the service rating for P-5 employees will not be noted on the service rating form, commencing with the rating period ending September 30, 2002, except as noted in #2 of this Agreement.

2. The service rating for P-5 employees may indicate the number of days and/or occasions when:

   In instances whereby P-5 employees have used more than the contractually earned 15 sick days per year;

   In instances whereby P-5 employees have used less than the 15 days but have a clear identifiable pattern of usage i.e. Mondays, Fridays, the day before or after holidays;

   In instances whereby P-5 employees use less than the 15 days but have repeated or extended occasions of unauthorized leave with out pay.

3. Any A&R member wishing to have their previous service rating adjusted to exclude sick hours and occasions for 2000, 2001 and 2002 must notify his/her personnel department with 60 days from the date of this agreement.

4. The above referenced grievance is hereby withdrawn with prejudice but without precedent. This Agreement is specific to OLR File No. 16-3591, Union Code 00.110. It is without applicability to any other matter involving any other situation.

	9/20/2K2		9/24/02
For the Union	Date	For OLR	Date