

LSU Health Sciences Center – New Orleans
Human Resource Management
Unscheduled Absence Form

For each occurrence of unscheduled absence, check appropriate box, indicate date, type, and have employee initial.
Type: T = Tardiness; LE = Left Early; CI = Called In; FTR = Failure to report absence properly.

1 st Occurrence	Date: _____	Type: _____	Initial: _____	2 nd Occurrence	Date: _____	Type: _____	Initial: _____
3 rd Occurrence	Date: _____	Type: _____	Initial: _____	4 th Occurrence	Date: _____	Type: _____	Initial: _____
5 th Occurrence	Date: _____	Type: _____	Initial: _____	6 th Occurrence	Date: _____	Type: _____	Initial: _____
7 th Occurrence	Date: _____	Type: _____	Initial: _____	8 th Occurrence	Date: _____	Type: _____	Initial: _____
9 th Occurrence	Date: _____	Type: _____	Initial: _____				

Termination

Employee Name: _____

Job Title: _____

Department: _____

Incident(s):

Supervisory and employee sign, date, and time, to indicate that supervisor has notified employee that he/she is subject to the Unscheduled Absence Policy, explained the Policy to employee, and made policy available to employee.

Employee Signature: _____

Supervisory Signature: _____

Date/Time: _____

Civil Service Rule 12.6 Non-disciplinary Removals
(a) Absence from Work An employee may be removed under the following circumstances:
2. When an employee has more than nine (9) unscheduled absences during any consecutive 26-week period. One unscheduled absence may be any continuous period of absence, regardless of its duration. Approval of leave, after the fact, to cover an unscheduled absence shall not prevent the absence from being considered unscheduled.