



## REPORTING TO WORK GUIDELINES

The Archdiocese and its Affiliates (defined as any entity that is subject to the administrative authority of the Archbishop of Cincinnati under Canon Law) have established office hours and work schedules for employees appropriate to the needs of the various locations and departments. Every employee has a responsibility to report to work as scheduled and to maintain a consistent record of good attendance. Employees who have a chronic problem with reporting to work will be subject to the corrective counseling process outlined in these guidelines. **Employees unable to work and who are covered under the Family and Medical Leave Act, are exempt from these guidelines.**

### PROCEDURE

#### A. Corrective Counseling Process

The corrective counseling process for reporting to work will center on communicating an expectation of change and improvement rather than future problems and eventual termination. It will do so through problem identification utilizing a progressive approach where appropriate.

#### B. Definitions

1. Scheduled absence – administrators and supervisors are encouraged to give scheduled time off whenever the department situation permits. **Scheduled absences are not subject to corrective counseling.**
2. Unscheduled absence – is any request that is not approved in advance by management; it counts as one infraction. Generally, this is an unusual personal situation which can not be predicted in advance; i.e., illness, accident etc.
3. On time – an employee is expected to be on time and at his/her workplace at the designated starting time.
4. Lateness – an employee arrives at his/her workplace up to five minutes after the start of the designated starting time. Frequent lateness will result in corrective counseling.
5. Tardiness – an employee begins work five minutes or more past his/her designated starting time. Each time an employee is tardy, it counts as one-half of an infraction.

#### Examples:

- If an employee reports to work four minutes late, this incident does not count as an infraction. However, the employee has reported to work late, and repeated occurrences can result in corrective counseling.





- The employee reports to work 10 minutes late. This incident counts as one-half of an infraction.
- The employee finishes his/her work for the day and asks to leave early. The supervisor has no other projects for the employee and approves the time off. There is no infraction.
- The employee reports to work and clocks in. The employee begins to feel ill and is sent home. The time off is unscheduled and is counted as one-half of an infraction.

### **C. Recommended Guidelines**

1. Verbal warning - after 4-6 infractions of absenteeism/tardiness within the previous 12 month period.
  - Documented in the department file.
2. Written warning – after 3-5 infractions of absenteeism/tardiness within a 12 month period following a verbal warning for absenteeism/tardiness.
  - Documented in the human resources file.
3. Leave for decision-making – after 2-4 infractions of absenteeism/tardiness within a 12 month period following a written warning for absenteeism/tardiness.
  - Serves as the most serious type of correction and final notice prior to discharge.
  - Requires written plan of corrective action prior to return to work.
  - Requires Director of Human Resources/Administrator approval.

Upon receiving a leave for decision-making, the employee will be required to leave work for the balance of the work day as a paid leave day to decide whether he/she wishes to continue employment with the Archdiocese/Affiliate following all rules and meeting all expectations.

Prior to reporting to work on the employee's next scheduled workday, the employee will meet with his/her supervisor to discuss his/her decision and document the attendance improvement plan of action. The employee may not return to work if the plan is not completed.

Once the employee reaches the leave for decision-making stage, further deviation from expectations in any area may lead to discharge.

4. Discharge is not a step in positive discipline but may occur after other steps have not resulted in achieving the desired outcome. A supervisor/pastor/principal





recommending discharge will consult with the Director of Human Resources of the Archdiocese prior to discussing the discharge with the employee.

In administering these guidelines, each department will apply objective and fair application of corrective action consistent with these guidelines. When determining the proper level of corrective action, each administrator and/or supervisor should establish a specific number of infractions for his/her department/parish/school within the recommended guidelines (pro-rated for part-time employees). These guidelines should be followed consistently by each supervisor.

If an employee is scheduled to work additional hours and doesn't work; e.g., calls in sick, or is tardy, etc., the employee is subject to corrective counseling. **(Infractions are pro-rated for part-time employees.)**

#### **D. RESPONSIBILITIES OF ADMINISTRATORS AND SUPERVISORS**

1. Make all employees aware of the policy.
2. Give employee a verbal reminder when he/she is experiencing problems in reporting to work.
3. Consider the needs of the department before approving a scheduled absence.
4. Use the employee's time and attendance record to monitor variations in reporting to work, including the reason for the infraction and identifying pattern.
5. Provide positive feedback in the form of verbal praise and written letters of commendation when attendance is consistently good. Reinforce good or improving attendance.
6. Take appropriate corrective counseling action when chronic problems with absenteeism, tardiness or clocking in and out occur.

#### **E. MANAGEMENT EXCEPTIONS**

A guideline is not a replacement for thought and good judgment on each individual case. All the facts must be obtained before taking corrective counseling action. Consideration also should be given to:

1. A long-term employee with a previously good record who begins to develop a chronic attendance problem.
2. An employee facing personal stress or a family crisis which will be resolved in a reasonable period of time.
3. Attendance problems related to bad weather; i.e., snow, ice, etc.
4. Other situations which may require special consideration.





## **MODIFICATIONS AND EXCEPTIONS**

These are guidelines only, and nothing in these guidelines create a contractual obligation between the Archdiocese/Affiliates and any employee, nor is it intended to alter the employment-at-will status of employment. While these guidelines set forth general management practices, the Archdiocese/Affiliates reserve the right to skip disciplinary steps if warranted by circumstances and terminate the employment relationship at any time, with or without prior notice. The Archdiocese/Affiliates also reserve the right to unilaterally modify or delete these guidelines at any time without prior notice.

## **INFORMATION PROVIDED TO PARISHES, SCHOOLS, AND OTHER RELATED ENTITIES OF THE ARCHDIOCESE OF CINCINNATI**



CORRECTIVE ACTION NOTICE

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

COST CENTER #: \_\_\_\_\_

- Verbal Reminder
- Written Reminder
- Leave for Decision-Making
- Discharge - Complete Form B

Describe performance or behavior inconsistent with expectations and the change(s) required to meet those expectations:

[Empty text box for describing performance or behavior]

Previous corrective action related to this incident:

[Empty text box for previous corrective action]

Consequences if expectations are not met and maintained:

[Empty text box for consequences]

Supervisor Signature: \_\_\_\_\_

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

This section to be completed by the employee: Please describe what actions will be taken in order to correct behavior/conduct.



[Empty text box for employee's corrective actions]

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

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

Signature verifies that you have received this information

**DISCHARGE NOTICE**

**Form B**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**COST CENTER:** \_\_\_\_\_

**REASON(S) FOR DISCHARGE**

**Supervisor Signature:** \_\_\_\_\_

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

**Employee Signature:** \_\_\_\_\_

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

Signature verifies that you have received this information.