

SAMPLE – Unauthorized Leave and Written Warning

[Date]

[Name]

[Address]

Via **[Hand Delivery OR Certified Mail No. _____]**

Dear **[Mr./Ms. Last Name]**:

The purpose of this letter is to notify you that your absence beginning at **[time]** on **[day]**, **[date]** through **[time]** on **[day]**, **[date]** is being charged as unauthorized leave. Secondly, this letter serves as a written reprimand for failing to appropriately request and receive approval for paid leave, and for failing to follow the established procedure for calling in to report an unscheduled absence. It is important for you to understand that taking unauthorized leave is misconduct for which this disciplinary action is being taken, and any further incidents of misuse of leave, or other inappropriate conduct, will result in more severe disciplinary action, up to and including dismissal.

Approval was granted to you for annual leave for **[day]**, **[date]** through **[day]**, **[date]**, and you were scheduled to return to work on **[day]**, **[date]**, but failed to do so. On **[day]**, **[date]** you called and reported **[reason for requested leave]**; therefore, you were granted an additional **[number]** hours of emergency annual leave for that day. You were expected to return to work on **[day]**, **[date]**, however, you did not report for work until **[time and day]**, **[date]**.

You not only failed to return to work on **[date]**, as expected, but also failed to report to work on **[date(s)]** and did not contact your supervisor on any of these days to request additional time off or to explain your absence. **[In accordance with 12.2.c. An appointing authority may dismiss an employee for job abandonment who is absent from work for more than three (3) consecutive workdays or scheduled shifts without notice to the appointing authority of the reason as required by established agency policy]** It is your responsibility to keep your supervisor informed of any emergency which prevents you from being at work as scheduled. Failure to do so is absence without authorization for approved leave and will result in your pay being docked.

[Include details regarding previous counseling, warnings, suspensions, etc., related to the same offense.]

According to the *Administrative Rule* of the West Virginia Division of Personnel, W. VA. CODE R. §143-1-1 *et seq.*, subsection 14.6 - Unauthorized Leave:

[Insert current Subsection 14.6 here]

In accordance with the *Rule*, your paycheck will therefore be docked **[hours]** in the pay period beginning **[date]**. Since you are eligible to accrue tenure and leave only while in a paid status, your annual and sick leave accrual, as well as your tenure for the month of **[date]**, will be prorated and reduced accordingly.

[Insert relevant details regarding call-in procedure, requesting in advance, etc.]

If your **[specify issue]** is the result of medical and/or personal problems, I suggest you may want to contact the physician, practitioner, or counseling service of your choice. Whether or not you choose to do so is your decision. I am, however, obligated to ensure that you **[report for duty as scheduled, observe established rules, meet performance expectations, etc.]**. You may also obtain information on the State of West Virginia's Employee Referral Program by contacting the Employee Relations Section of the Division of Personnel at (304) 414-1853, or by visiting the DOP website at www.personnel.gov, [Employee Referral Program Booklet](#).

For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the **[date of verbal or written notice]**, to **[name and address of Chief Administrator]**. As provided in the statute, you may proceed to Level Three of the Procedure upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified resulting in a loss of compensation or benefits. You must provide copies of your grievance to the Public Employees Grievance Board at 1701 5th Avenue, Suite 2, Charleston, WV 25387; **[agency copy - name and address]**; and the Director of the Division of Personnel, State Capitol Complex, 1900 Kanawha Boulevard, East, Building 3, Suite 500, Charleston, West Virginia, 25305. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's web site at www.pegb.wv.gov or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743.

Please sign one copy of this letter indicating your receipt of this notice of the pay dock and written reprimand, and return to me. Your signature does not indicate agreement or disagreement with the contents; it only verifies that you have received this letter. A copy will also be placed in your confidential agency Personnel File.

Sincerely,

[Appropriate Signature Authority]

Attachment

c: Agency Personnel File
West Virginia Division of Personnel

[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.*]

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[OPTIONAL LANGUAGE - If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.]

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the _____ day of _____, 20_____.

[signature] _____

[typed name and title]

[NOTE: Revised 7/2021. Ensure law, rule, and policy language is current.]