Attendance Warning Letter

Before issuing, HR must confirm that no listed absence is protected (FMLA, state or local paid sick leave, disability accommodation, jury duty, military leave, workers' compensation). Attach the attendance record. Choose the warning level that matches your attendance policy.

HEADER

[Company Legal Name]

[Date]

PRIVATE AND CONFIDENTIAL

To: [Employee Full Name], Employee ID [Employee ID]
[Job Title], [Team / Shift / Site]
From: [Supervisor Name], [Supervisor Title]

Subject: [Verbal warning record / First written warning / Final written warning]: attendance

PURPOSE

Dear [Employee First Name],

This letter is a [warning level] under the company's attendance policy. It follows our meeting on [Meeting Date], where we discussed your attendance record.

ATTENDANCE RECORD

Our records show the following unexcused absences and late arrivals between [Start of Period] and [End of Period]:

- [Date]: [Absent full shift / Late by [X] minutes / Left early by [X] minutes / No call, no show]; [points or occurrences assigned]
- [Date]: [details]; [points or occurrences]
- [Date]: [details]; [points or occurrences]

Total: [X] [points / occurrences] in the current [rolling 12-month / calendar-year] period. Under the policy, reaching [threshold] results in a [warning level].

Absences covered by approved leave, protected sick leave or an accommodation are not included in this record.

PREVIOUS STEPS

[You received [coaching / a verbal warning / a written warning] about attendance on [Date(s)]. / This is the first formal step regarding your attendance.]

IMPACT

Each unplanned absence on your shift means [specific impact, e.g. the team runs one agent short at the morning peak, hold times rise, and colleagues are asked to cover or stay late]. Reliable attendance is an essential requirement of your role.

EXPECTED STANDARD

From the date of this letter, you are expected to:

- Arrive and be ready to work at your scheduled start time for every shift
- Report any absence or late arrival by calling [attendance line / supervisor number] at least [X hours] before your shift starts
- Request planned time off in advance through [system or process]
- Have no more than [X] further [points / occurrences] in the next [90] days

SUPPORT

If something is making it hard for you to attend work as scheduled, such as a health condition, family care needs or transportation, please talk to me or to [HR Contact Name]. You may be eligible for leave, a schedule change or other support. Our Employee Assistance Program is available confidentially at [EAP phone or link].

CONSEQUENCES

If your attendance does not meet this standard, the next step under the policy is [next warning level / termination of employment]. [For final warnings: Any further unexcused absence or late arrival before [Date] may result in termination of your employment.]

This warning remains active until [Date], provided you reach no further thresholds under the policy.

EMPLOYEE COMMENTS AND ACKNOWLEDGEMENT

Employee comments

Employee signature (confirms receipt, not agreement)

Date

Date

☐ Employee declined to sign

Supervisor signature

Date

HR reviewer signature

Date

☐ Protected-leave check completed by HR