**ATTENDANCE POLICY**

**ATTENDANCE**

At [EMPLOYER'S NAME], regular and timely attendance is expected from all employees. If you anticipate being absent for all or part of a workday or arriving late, you must inform your supervisor [[and/or] the [DEPARTMENT NAME] Department] as soon as possible, preferably [NUMBER] hours before the start of your shift. In cases of emergencies or unforeseen situations, notify your supervisor [[and/or] the [DEPARTMENT NAME] Department] immediately.

Absences or tardiness will be considered excused if they comply with [EMPLOYER'S NAME]'s policies on [vacation/sick leave/paid time off] and have received prior approval. Employees must have sufficient accrued leave to cover the time off. Absences are also excused if they comply with leave entitlements mandated under Iowa law.

Unexcused absences include any time an employee is absent during their scheduled work hours without authorization. This includes full or partial-day absences, arriving late, or leaving early without prior approval. [That said, [EMPLOYER'S NAME] provides a [NUMBER]-minute grace period for late arrivals [and a [NUMBER]-minute grace period for returning from lunch].]

[If an employee is absent for [three/[NUMBER]] or more consecutive days due to illness, they must submit documentation from their [doctor/health care provider] confirming their need for leave [and indicating their fitness to return to work].]

**UNEXCUSED ABSENCES**

[EMPLOYER'S NAME] has the authority to take disciplinary action in response to unexcused absences. Disciplinary measures may include counseling, verbal or written warnings, suspension, or termination of employment, at [EMPLOYER'S NAME]'s discretion.

**JOB ABANDONMENT**

Unless unusual circumstances apply, employees who are absent for [three/[NUMBER]] consecutive days without notifying [EMPLOYER'S NAME] will be considered to have voluntarily abandoned their job, resulting in termination of employment.

**POLICY OVERSIGHT**

The [DEPARTMENT NAME] Department is responsible for managing and enforcing this attendance policy. For questions about this policy or clarifications regarding attendance, [vacation, sick leave, paid time off,] leaves of absence, or other permissible absences not explicitly addressed, employees should reach out to the [DEPARTMENT NAME] Department for guidance.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions outlined in this attendance policy are intended to work alongside, not override, amend, or replace any terms or conditions established in a collective bargaining agreement between a union and [EMPLOYER'S NAME]. Employees covered by such agreements should consult the specific terms of their collective bargaining agreement. Where discrepancies exist between this policy and the agreement, the terms of the collective bargaining agreement will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I understand that this policy complies with applicable federal law as well as attendance-related requirements under Iowa law, where applicable, and that policy will be reviewed periodically to ensure compliance with federal, Iowa state, and local attendance-related laws.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date