**MEMORANDUM**

TO:

FROM:

DATE:

RE: PLACEMENT ON PROOF STATUS

Please be advised that effective immediately you are placed on proof status in accordance with the Board of Trustees Governing Policy, by-Laws, and Regulations, and Board of Trustee Regulations Section 3 “Civil Service Employee,” subsection C “Benefits,” section 2 “Sick Leave,” subsection d “Limitations,” which states:

The university reserves the right to require acceptable evidence of illness, injury, or disability before allowing any sick leave benefits. Any employee who is (or expects to be) absent from employment shall notify the appropriate university supervisor immediately, and, in cases where the absence will be for more than three days, the employee shall notify the supervisor of the anticipated length of absence so that arrangements can be made for the employee’s duties to be assumed during said absence.

In summary, a note from a physician will be required to excuse any unscheduled absence (including late arrivals or early departures) from work. Noncompliance with the requirement may result in corrective action up to and including disciplinary suspension without pay and/or separation from employment with Northern Illinois University. In [ENTER LENGTH OF TIME THAT THE EMPLOYEE IS TO BE ON PROOF STATUS] from the issuance of this notice, you may request a review to be conducted by the management to determine if a continued proof status is necessary. *Proof status is not intended to be disciplinary in nature.*

If you have any questions regarding this matter, please feel free to contact me. Please sign below to indicate you have received a copy of this letter. A copy will be placed in your personnel file in Human Resource Services as well as departmental and/or divisional files.

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

Employee or Witness Signature Date

CC: HRS Employee File