**Leave Restriction Letters**

Employees who have abused leave or who are suspected of abusing leave (for instance, calling in sick every Friday or calling in the middle of the work day to say they are not coming in) can be put on leave restriction. In such cases, the supervisor may decide to issue the employee a leave restriction letter, which articulates the exact process the employee, must follow to request leave. Sometimes, the employee may be instructed to call in by a particular time (for instance, 8:00 a.m.) to a particular person (a supervisor or the supervisor’s administrative assistant, for example) if the employee wants to take sick leave that day. Or the employee may be required to bring in a doctor’s note every time he or she takes unscheduled sick leave. Other requirements may be included in leave restriction letters as deemed appropriate by the agency.

Leave restriction letters are usually placed in the employee’s supervisory file but not the Official Personnel File. Thereafter, if the employee fails to follow the instructions in the leave restriction letter when requesting leave, the employee may be subject to having their absences carried as AWOL and to disciplinary action for that AWOL, up to and including removal. 

**Reference:**
- National Agreement
- Article 18, Awards
- Article 34, Sick Leave
- Article 35, Leaves of Absence
- Time and Leave Handbook, Document 11103
- IRM 6.600.1, Absence and Leave Administration and Work Scheduling
- 5 CFR 630

**What is Leave Restriction**

Leave Restriction is a status that results from suspected leave abuse. Employees are generally notified in writing and placed in this status not to exceed six (6) months. They are notified of specific leave-requesting procedures, which must be followed during this status. Any violation of such procedure will result in an AWOL charge. Leave Restriction is for employees that abuse the leave system. Not for employees whom have a chronic illness and run out of FMLA and leave. Sick leave restriction letters will be based on an employee’s absences due to alleged illnesses. Sick leave restriction letters will not be based on an employee’s use of approved annual leave (not including annual in lieu of sick leave) or leave approved under the Family Medical Leave Act. Employees on sick leave restriction letters may request annual leave and Family Medical Leave under the applicable Articles of this Agreement.

**Questions:**
- Can I be placed on sick leave restriction for using too much sick leave?

**Answer:**
- You can NOT be placed on sick leave restriction for using too much sick leave. You can only be placed on sick leave restriction for abuse of sick leave, i.e. you are not using the sick leave for its intended purpose. You have the absolute right to use sick leave for appropriate purposes.

**Questions:**
- If I am on sick leave restriction, how long will it last?

**Answer:**
- The restriction must be reviewed at least every six months, and a written decision to continue or lift the restriction must be issued. If there is improvement, the restriction should be lifted. You may request to have the restriction reviewed at any time.

**Questions:**
- If I call in sick, may the supervisory question me about the nature of my illness?

**Answer:**
- The supervisory may NOT ask you any personal particulars about your illness. The only information you are required to provide is the fact that you are requesting sick leave and your expected date of return to work. (See Article 34, Section 3C).

**Questions:**
- Do I need a Doctor’s note if I am out sick more than three consecutive days?

**Answer:**
- A medical certificate may be required if you are out sick more than three consecutive days, but it is not always necessary. Your own word is enough to justify that you were sick (see Article 34, Section 3A, B and E); however, if you have been placed under a sick leave restriction letter mentioned in Section 4A then a note can be required. If your condition was such that you did not need to see a doctor, your explanation should suffice. A note is not needed for a chronic illness as long as you are not on a sick leave restriction and, if requested, provide updated evidence of the chronic condition every
MEMORANDUM TO: Employee
FROM: Management/Agency
SUBJECT: Leave Restriction

Your position is a necessary one and it is essential that it be filled on a regular basis. A review of your time and attendance records for the period of [Enter Beginning Date] through [Enter Ending Date], reveals frequent use of unscheduled sick leave, or other leave used in lieu of sick leave, as follows:

- [Enter Beginning Date] - [Enter Ending Date]
- Hours of sick leave
- Hours of annual leave in lieu of sick
- Hours of leave without pay (LWOP in lieu of sick)
- Hours of credit hours in lieu of sick

As called for in Article 34, Section 4, of the National Agreement II between the Internal Revenue Service and the National Treasury Employees Union, I discussed your sick leave usage with you on [Enter date]. I also counseled you on [Enter another date], and advised you that continued frequent use of sick leave, or use in unusual patterns or circumstances, might result in additional requirements for approval of future sick leave. Reasonable grounds continue to exist for questioning your use of sick leave.

When you do not report for duty, your absence negatively impacts the accomplishments of the office. It is often necessary to assign your duties to other employees or allow your duties to remain unattended. The morale of the work place could be, and often is, negatively affected as a result. Therefore, I find it necessary to put in writing the criteria you must follow regarding your absence and use of leave.

You are hereby directed to comply with the following requirements when requesting sick leave or other leave in lieu of sick leave:

1. You are required to submit a doctor’s certificate from your attending physician. This certificate will indicate that you are: (1) under the care of the physician, (2) you are incapacitated for duty, and (3) the expected duration of such incapacitation. The documentation must be signed and dated by the attending physician or his/her designee. General statements about drop-in visits to your health provider will be considered unacceptable, and sick leave will not be approved. If the sick leave is for medical or dental appointments, it will be necessary for you to provide a note from the doctor or dentist indicating the date, time, and duration of the appointment. If your absence is due to medical reasons, you will be charged for those days.

2. If your absence is due to medical reasons, you will be charged for those days. A notation that the employee is under the care of a physician is required in the doctor’s certificate.

3. The doctor’s certificate must include the following:
   - A diagnosis, a prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery, impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted.
   - The information must be forward to FOH within the 15 days time frame.

4. The medical recommendation provides only that information required for the manager or supervisor to make a determination as to whether or not to grant leave.

5. The requirements of this memorandum will remain in effect for 6 months (6 months in work status) unless circumstances warrant lifting these requirements before that time.

This memorandum is issued in accordance with the Hours of Duty and Absence and Leave Handbook and Article 34 of the National Agreement II. Its purpose is to ensure that you correct your sick leave usage problem. If you have any questions regarding these instructions, let me know and I will clarify their intent. I feel confident that, with a little effort on your part, you will correct your leave-usage problem.

ACKNOWLEDGMENT OF RECEIPT:

Employee’s Signature  Date

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**Leave Dates in Question:**

NTEU recommended that employees utilize SETR reports and the leave request form SF 71 to summarize and verify leave in question. As a minimum, the leave restriction letter should include the dates, hours and types of leave used over a given period stated in the letter.

**Doctor’s Certificate:**

Your manager is not a MD Doctors or physician. You are required to give your doctor’s certificate directly to your manager. You are not required to disclose any information related to your medical condition outside of requesting time off. Under the NTEU Agreement, employees do not have to provide to management the follow personal information covered under the HIPPA regulations. A diagnosis and prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery, impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted. This information must be forward to FOH within the 15 days time frame. FOH will review the certification, and if it is sufficient to render a determination, FOH will issue a recommendation and forward this to the IRS POC. The medical recommendation provides only that information required for the manager or supervisor to make a determination as to whether or not to grant leave.

The doctor’s certificate is given to the manager. The Certificate must include require langue.

**Requires Langue on Doctor’s Certificate:** (Section IC)

1. Incapacitated for duty
2. Date of absence
3. Date to return to work or expected duration of incapacitation
4. Attending health care provider’s Signature or stamp signature (not e-signed)
5. A statement that the employee is under the care of a physician.

**Time Frames:** (Section 3D & 4D)

- Doctor’s Certificate is due 15 days after the employer requests it. The leave restriction letter is an open request.
- Leave restriction end date cannot exceed six (6) months from the start date.