

ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

Attendance Improvement Plan

School Year _____

Employee Name _____

Employee Classification _____

Date Employed _____

Accumulated Sick Leave _____

Attendance Record (sick leave usage) for the last three (3) years: SY _____

SY _____

SY _____

Were there any extenuating circumstances that caused excessive use of sick leave?

As an employee of the Ashtabula County Educational Service Center, what do you plan to do pro-actively to improve your attendance? Be specific in listing ways you plan to improve your attendance.

Employee's Signature _____ Date _____

Superintendent's Signature _____ Date _____