# **Training Class Attendance and Performance Guidelines**

Being here every day, and staying focused on learning concepts through your training period is critical to your preparedness for role and long term success with our company. Therefore, attendance and overall performance will be monitored closely during this time. Below are guidelines applied during your training:

**Attendance:**

1. It is expected that you maintain a satisfactory level of attendance and punctuality during your training period.
2. Time off requests are unavailable during your training period.
3. Patterns of tardiness greater than 6 minutes may be addressed through our corrective action process.
4. You must call the Attendance Line before your scheduled start time if you are going to be late.
5. You must call the Attendance Line within one hour of your start time if you will be absent for a portion or full day of training. Failure to do so will result in a “No Call No Show” event, which may result in corrective action.

** AZ Colleagues:** You must wait 90 calendar days (from your start date) before you may use any accrued paid sick time under the Arizona Sick Pay law

1. Absences formally recorded through Human Resources during offer acceptance will be approved and without consequence.

**Attendance Phone Line: 1- 800-838-5660**

**Steps of Corrective Action during Training Period:**

|  |  |
| --- | --- |
| **Time Period** | **Action** |
| Late Starts/Early Outs (>6 minutes but <2 hours) | Colleague will progress to a Written Warning at 3 late starts and/or early outs |
| Late Starts/Early Outs (>2 hours) | Colleague will progress to a Written Warning at 2 late starts and/or early outs |
| One day of class missed (or 8 hours of training) | Verbal Counseling |
| Two days of class missed (or 16 hours of training) | Final Written Warning issued |
| Three days of class missed (or 24 hours of training) | Review for Termination \* |

\*The company reserves the right to use discretion based upon circumstances.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Colleague Name Date**

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**