

AGREED ORDER OF SUSPENSION

EMPLOYEE: Deputy Ariel Trevino, Employee # Detention Bureau

DATE: May 9, 2019

You are hereby notified that the Bexar County Sheriff's Office is suspending you without pay for a total of five (5) days from the position of Detention Deputy for the following violations of Chapter IX, Paragraph 9.02 of the Rules for the Bexar County Sheriff's Civil Service Commission:

- B. Poor Attendance-Excessive absence and / or Tardiness
- F. Misuse of Leave Privilege

And violation of the Bexar County Sheriff's Detention Manual of Policy and Procedures, section(s):

300.11 Absence Reporting

The specific reason(s) for this action: A review of your attendance for the last thirty (30) days reveals that you have called in sick for yourself on the following dates:

	Date	Day	Comments	Sick
Balance				
1.	April 6, 2018	Friday	Absence on your MOT day	4.00 hours
2.	April 9, 2018	Monday	Absence in conjunction with relief days	0.00 hours
3.	April 16, 2018	Monday	Absence in conjunction with relief days	4.00 hours
4,	April 20, 2018	Friday	Absence on your MOT day	0.00 hours
5.	April 23, 2018	Monday	Absence on your MOT day	0.00 hours
6.	April 27, 2018	Friday	Absence on your MOT day	0.00 hours
7.	April 28, 2018	Saturday		0.00 hours

A search of the 3rd Detail section folder indicates that you did not show medical documentation excusing you from any of your seven absences. Three of your absences are in conjunction with your relief days and two of your absences were on your mandatory overtime day. In addition on two of your absences you had less than eight hours of sick leave available and on the other five you had no sick leave available at all. This is indicative of a potential pattern of sick leave abuse. You were counseled on March 1, 2018; received a letter of

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reprimand on April 1, 2018 and were served with a proposed five (5) day suspension on April 28, 2018 in regards to your attendance; however, your attendance has not improved.

As a member of the BCSO, regular scheduled attendance is essential. Any time an officer does not report for his tour, another officer must stay in his place. The BCSO recognizes that employees get ill which is the reason that we are granted and accumulate sick leave, but when an officer fails to report to work, and has no available sick leave, they are invoking a leave privilege to which they are not entitled since they have already used all accumulate sick leave.

The corrective action required: In the future, you need to improve your attendance and make an effort to report for duty when you are scheduled to work. You must comply with the Bexar County Sheriff's Office Detention Policy and Procedure, 300.11 Absence Reporting. Be further advised that submitting a physician's certificate is required by Article 15 (Sec 3) of the Collective Bargaining Contract. Be advised that repetition of the action (or lack of the action) which resulted in this Agreed Order of Suspension (5) Days, may result in future progressive disciplinary action.

In August 2018, you were served with an Order of Suspension five (5) days and a hearing was held on September 06, 2018. This discipline was held in abeyance until recently when you and your attorney agreed to the 5 day Suspension.

Persons with knowledge of the grievance:

Deputy Chief Avery Walker, Detention Bureau Laura M. Milam, HR Technician Claudia Herrera, HR Technician Deputy Ariel Trevino, Grievant Tanner Barnes, CLEAT Attorney

You have accepted an Agreed Order of Suspension five (5) days. Be advised that by accepting this agreement you are also agreeing to waive further grievance and appeals procedures regarding this issue.

Assistant Chief Deputy James Serrato Chief of Staff

The foregoing document was sent via facsimile to Tanner Barnes, CLEAT Attorney, on May $\frac{10}{10}$, 2019. Please acknowledge receipt of said document and return by fax to Sheriff's HR Office at (210)335-5083 or email to laura.milam@bexar.org or Claudia.Herrera@bexar.org.

I have read the above. I full understand my rights of grievance and appeal in disciplinary issues as outlined under Civil Service Rules. I wish to waiver further grievance and appeal procedures regarding this issue and agree to accept the Reduced Action as outlined above.

Agreed and Accepted:

Signature of Attorney

Original: HR File Copy: 1) Employee/Attorney 2) Section File 8) HR Technician