Algart Health Care

Print Form

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Employee Discipline Report

Is this a reportable Resident Abuse event? ◯ Yes ◯ No

Date:

Employee

Supervisor

Reason for Disciplinary Report

Reason for Disciplinary Report

Explanation of events which resulted in this report

◯ Level One: *Documented Verbal Warning*

- ☐ Counseled
- ☐ Required In-service

◯ Level Two: *Written Reprimand*

- ☐ Counseled
- ☐ Required In-service
- ☐ Change in Schedule
- ☐ Reduction in work hours

◯ Level Three: *Mandatory Corrective Action*

- ☐ Counseled
- ☐ Required In-service
- ☐ Change in Schedule
- ☐ Reduction in work hours
- ☐ Suspension
- ☐ Termination

Details of final action taken

NOTICE TO EMPLOYEE: *If you would like assistance or retraining to bring your performance/conduct up to acceptable standards please see your supervisor or the administrator. You have the right to grieve this discipline by requesting a meeting with the administrator. Any future unacceptable conduct will result in additional discipline up to and including your termination.*

This discipline report has been explained to me and I may request a copy of this notice. If I refuse to sign, someone in a supervisory position will be asked to initial this form indicating that it was explained to me, but I refused to sign.

Employee _____ *Date* _____ *Supervisor* _____

Supervisor's witness of employee refusal to sign this report: _____

Attach all supporting documents to this report