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Hospital's
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HOSPITAL DISCIPLINARY ACTION FORM

DEPARTMENT _____

For Infraction of Policy / Section: _____ / _____

Policy Language Being Applied / Summary of Facts Supporting Application of Policy:

PRIOR Disciplinary Actions During Last Twelve Months: (Cite Policy / Date / Disciplinary Action)

_____/_____/_____ / _____/_____/_____ / _____/_____/_____

Consultation With:

- Employee Relations Advisor Director, Human Resources Vice President

This Disciplinary Action:

- Verbal Warning / Counseling *** Result in ineligibility for next annual merit increase
 Written Warning ***
 Two-day Suspension ***
 Probation for Performance *** : (Start / End Dates) _____
 Under Tardiness Policy: Probation *** Two Day Suspension ***
 Suspension Pending Review of Recommendation to Terminate

The next disciplinary step for a violation of this same policy is: _____

Supervisor Signature / Date: _____ / _____

Director / Nurse Manager Signature / Date: _____ / _____

Employee's Remarks:

Employee's Signature / Date: _____ / _____

My Signature Verifies I have Read This. It Does NOT Imply Agreement

Notice to Employee: Any grievances filed in response to this disciplinary action must comply with the time limits set forth in Hospital Policy and the Employee Handbook

WHITE = Copy to Employee Relations

YELLOW = Copy to Employee

PINK = Copy to Department File