



Longview Wellness Center, Inc.

## EMPLOYEE DISCIPLINARY REPORT

Name \_\_\_\_\_ Location \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Action to be taken:

- Warning
- Probation \_\_\_\_\_ days
- Suspension \_\_\_\_\_ days
- Dismissal

This report is to be made part of the official record of the above mentioned employee.

### NATURE OF INCIDENT

Attendance:

- Excessive absenteeism
- Tardiness
- Unexcused absences

Policy Violations:

- Inaccurate or below standard work
- Failure to follow instructions/procedure
- Poor interaction with fellow employees
- Leaving early without prior authorization
- Failure to report an accident
- Rudeness to patient/patient family member
- Inappropriate dress or poor grooming
- Falsification of company documents
- Breach of confidentiality
- Other

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Supervisor's Remarks

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Witnesses: \_\_\_\_\_

Improvements/Results Expected

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Employee Remarks

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Additional Documentation Attached

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_