DISCIPLINARY ACTION REPORT
HARDIN COUNTY GENERAL HOSPITAL & CLINIC
PO BOX 2467 6 FERRELL ROAD
ROSICLARE, IL 62982

DISCIPLINARY ACTION: EMPLOYEES WILL BE SUBJECT TO DISCIPLINARY ACTION FOR INAPPROPRIATE CONDUCT OR UNSATISFACTORY WORK PERFORMANCE. THIS ACTION MAY TAKE THE FORM OF WRITTEN WARNINGS OR DISMISSAL.

EMPLOYEE'S NAME:_____ DEPARTMENT: _____

POSITION: _____ DATE EMPLOYED: _____

DATE OF INCIDENT: _____ SOCIAL SECURITY # _____-_____-_____

I. REASON FOR WARNING OR SUSPENSION:

_____ EXCESSIVE ABSENTEEISM (ILLNESS)
_____ VIOLATION OF ORGANIZATIONAL POLICIES
_____ FAILURE TO FOLLOW INSTRUCTIONS
_____ UNSATISFACTORY WORK PERFORMANCE
_____ VIOLATION OF SAFETY RULES
_____ TARDINESS
_____ MISCONDUCT
_____ OTHER

EXPLANATION OF CIRCUMSTANCES: _____

_____

_____

_____

_____

II. DISCIPLINARY ACTION TO BE TAKEN:

WARNING (Indicate any improvement required and date by which employee is expected to comply.)

_____

_____

_____

TERMINATION: _____

INITIATED BY: _____ DATE: _____

III. ACKNOWLEDGEMENT AND COMMENTS BY EMPLOYEE: _____

_____ SIGNATURE OF EMPLOYEE: _____

REVIEWED BY DEPT. HEAD:_____ TITLE: _____

DATE: _____