

OFFICIAL DISCIPLINE PROCESS

This form should be used by management staff to enact an employee's immediate suspension. A suspension is part of the discipline process and can be utilized at any time. Completed forms should be returned to Human Resources.

NAME:	EMPLOYEE NUMBER:	
AREA DIRECTOR:	SUSPENSIONS IN LAST 365 DAYS:	
EMPLOYEE AREA OF SUCCESS:		
CONCERN (PLEASE SELECT <u>ONLY ONE</u>): <input type="checkbox"/> ACCOLADE ISSUES <input type="checkbox"/> HEALTH & SAFETY ISSUES <input type="checkbox"/> IMPROPER SHIFT CARRYOVER <input type="checkbox"/> POOR DECISION MAKING <input type="checkbox"/> ATTENDANCE ISSUES <input type="checkbox"/> IMPLEMENTING CORE PLANS <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> POOR QUALITY OF WORK <input type="checkbox"/> COMPLETING JOB TASKS <input type="checkbox"/> IMPROPER COMMUNICATION <input type="checkbox"/> MISSED STAFF MEETINGS <input type="checkbox"/> UNSUPPORTIVE ENVIRONMENT <input type="checkbox"/> FOLLOWING DIRECTIVES <input type="checkbox"/> IMPROPER DOCUMENTATION <input type="checkbox"/> MISSED TRAININGS <input type="checkbox"/> OTHER _____		
DESCRIBE PERFORMANCE CONCERN:		
SUGGESTIONS FOR IMPROVEMENT:		
SUSPENSION LENGTH:	<input type="checkbox"/> ONE DAY <input type="checkbox"/> THREE DAY <input type="checkbox"/> OTHER _____	START DATE:
EMPLOYEE RESPONSE:		
NAME:	SIGNATURE:	DATE:
MANAGER:	SIGNATURE:	DATE:
AREA DIRECTOR:	SIGNATURE:	DATE:

