

**OFFICIAL DISCIPLINE PROCESS**

This form should be used by management staff to provide the second level of the discipline process (First Written Warning) and will be added to the employee's file. Completed forms should be returned to Human Resources.

NAME:	EMPLOYEE NUMBER:	
AREA DIRECTOR:	FIRST WRITTEN WARNINGS IN LAST 365 DAYS:	
EMPLOYEE AREA OF SUCCESS:		
<b>CONCERN (PLEASE SELECT <u>ONLY ONE</u>):</b> <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:		
ACTION STEPS FOR CORRECTION:		
SUGGESTIONS FOR ACHIEVING THIS:		
TIME FRAME:	<input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> WEEKS <input type="checkbox"/> OTHER _____	START DATE:

*LIFE Inc.'s multi-level discipline process dictates that the next step, if this policy is violated again, or if First Written Warnings are necessary for any additional policies is to be a Second Written Warning.*

ALTERNATIVE NEXT STEP:
EMPLOYEE RESPONSE:

NAME:	SIGNATURE:	DATE:
MANAGER:	SIGNATURE:	DATE:
AREA DIRECTOR:	SIGNATURE:	DATE:

