



## RECORD OF EMPLOYEE REPRIMAND

State Form 39308 (R3 / 4-96) / CS 0004

INSTRUCTIONS: Fill out in triplicate; one copy to Personnel Department, one copy to employee, one copy to employee's fact file.

This form is to acknowledge and record:

1. Lack of improvement in employee's attitude / behavior regarding rules, standards of job performance, etc. or, lack of improvement following a warning or reprimand.
2. A serious violation of hospital policy procedures and / or unacceptable standards of behavior.

Documentation must include consequences of next violation.

Recommended disciplinary action shall be documented by the Supervisor for review by the Appointing Authority.

1. Legal name of employee (no nicknames)	2. Department / Module	3. Date of conference	4. Starting time of conference
5. Supervisor's Statement (lack of improvement or violations should be written clearly, stating only the facts, and what effects, if any, has the employee's violation had on the operation of the department / module including resident's care, etc.)			
6. Corrective results expected (What can employee do to correct situation?)			
7. Consequences of further violations (State disciplinary action which will be taken at next incident or violation. If suspension is recommended, do not state number of days recommended)			
8. Signature of Supervisor	Date	Time	
9. Employee's comment (Comments should be in employee's handwriting)			
10. Signature of employee	Date	Time	
NOTE: Signature of Intermediate Supervisor indicates that all information has been reviewed and is in agreement with action taken. If Intermediate Supervisor does not agree, Immediate Supervisor will be notified. If necessary to change the content of the form, the employee reprimanded will be present.			
11. Signature of Intermediate Supervisor	Date	Time	