



DISCIPLINARY/COUNSELING REPORT

Name: _____ Dept.: _____ Date: _____

Date of Occurrence: _____ Time: _____ AM PM Location: _____

FIRST SECOND THIRD FINAL WARNING

DESCRIPTION OF ISSUE:

- ABSENCE OSHA VIOLATION OTHER _____
- TARDINESS POLICY VIOLATION
- CONDUCT SUBSTANDARD PERFORMANCE

ACTION TAKEN:

- COACHING WRITTEN WARNING SUSPENSION ___ day(s)
- VERBAL WARNING TERMINATION OTHER _____

(DEPENDING ON THE NATURE OF THE OFFENSE, SOUTH TEXAS DENTAL RESERVES THE RIGHT TO SKIP ANY STEPS AT ITS DISCRETION.)

Explanation:

Goals/Corrective Behavior:

SHOULD YOUR PERFORMANCE CONTINUE TO BE UNACCEPTABLE IN THE ABOVE AREA (S), THE COMPANY WILL FIND IT NECESSARY TO TAKE THE FOLLOWING DISCIPLINARY ACTION (OR MORE DEPENDING ON THE SITUATION):

WRITTEN WARNING FINAL WARNING SUSPENSION ___ day(s)
 TERMINATION OTHER _____

Employee Comments:

YOU ARE FORMALLY BEING WARNED TO BRING TO YOUR ATTENTION THE SEVERITY OF THIS SITUATION. FAILURE TO CORRECT THIS BEHAVIOR AND/OR FURTHER VIOLATION OF COMPANY POLICY WILL RESULT IN ADDITIONAL DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS NOTICE.

Employee: _____

Date: _____

Head Dental Assistant: _____

Date: _____

Office Manager: _____

Date: _____

Witness that employee refused to sign: _____

Date: _____