

K'ima:w Medical Center Disciplinary Action Form

																VERBAL							
	DATE:															FIRST WRITTEN							
																SECOND WRITTEN							
	EMPLOYEE NAME:															TERMINATION							
Specifically describe the performance to be looked at: (Who, What, When, Where, Why, How):																							
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Des	scrib	e how	thes	e acti	ons i	mpac	t the	depa	rtmer	nt, pa	tient	care,	the h	nospi	tal, et	C:							
Performance expectations:																							
Pla	n of	actior	for n	neetir	ng exp	oecta	tions	(Incl	ude ti	me fr	ame)):											
Cor	nseq	uence	es for	not s	ucces	ssfully	y cha	nging	j beh	avior	and a	attitud	le:										
														Dat	e:								
Em	Employee:																						
Supervisor:																							
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Your signature is an acknowledgment that you were counseled. It is not an admission that you agree with the statements on this form. If you feel the counseling is inappropriate, you need to submit a written statement to that effect.																			hat				

cc: Personnel File
Supervisor
CEO