

STAFFING ON THE GO

DISCIPLINARY WARNING

Name:	Date of Warning:
Position:	

(-) First Warning (LPN, CNA, GNA, MED TEACH)	Date of violation
(-) Second Warning (Director)	Given by:
(-) Termination	Date of

DESCRIPTIONS

<p>Lateness/ Absenteeism</p> <p><input type="checkbox"/> Arrived late for work without calling prior to shift</p> <p><input type="checkbox"/> Cancelled shift 3x within 6months.</p> <p><input type="checkbox"/> Did not call RN/ Program supervisor to cancel shift</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>Performance:</p> <p><input type="checkbox"/> Unprofessional conduct:</p> <p>_____</p> <p><input type="checkbox"/> Failure to communicate with RN/Supervisor</p> <p><input type="checkbox"/> Failure to document care provided</p> <p><input type="checkbox"/> Failure to document medication correctly</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>	<p>Administrative:</p> <p><input type="checkbox"/> Failure to make weekly timesheet Entries</p> <p><input type="checkbox"/> Inaccurate timesheet reporting</p> <p><input type="checkbox"/> Unprofessional Communication with RN/Supervisor:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Explanation:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Caregiver's Signature:
Agency Representative:
Date: