



**Carroll Hospital Center
Attendance and Punctuality
Disciplinary Action Form**

Associate Name	Date
Position	Department

Purpose for Action:

Lateness

Absence

Level of Action	Absence	Lateness	Date of Action	Document Filing
Oral Notice	4 & 5	4 & 5		Departmental File
Written Warning	6	8		Personnel File
2 nd Written Warning or Suspension	7	9		Personnel File
Separation	8	10		Personnel File

Dates and Explanation of Violation:

Improvement Plan:

Associate Comments:

According to policy 18.403, the hospital may, in its discretion, deviate from the normal progression of discipline and add, skip or repeat steps. Your signature on this document does not indicate that you necessarily agree with the action, but that the information has been presented to you in a timely manner.

Associate's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____