



STAFF DISCIPLINARY NOTICE

Last Name _____ First Name _____ Hospital ID# _____

Department _____ Position Title _____

Date of Hire ___ / ___ / ___ Today's Date ___ / ___ / ___ Date of Last Notice ___ / ___ / ___

Violation: (list or state as briefly as possible)

[Empty box for violation details]

Details of Violation: (explain as specifically and comprehensively as possible, attach additional sheets if necessary, include dates)

[Empty box for details of violation]

Disciplinary Action: (check one)

- Written Warning
Written Warning in Lieu of [] Days (Shifts) Suspension *
Suspension for [] Days (Shifts) or Deduction of [] Days (Shifts)/Vacation
Termination Effective [] / [] / []

- Union Representative Present
Staff Member Declined Union Representative
Not Covered by a Union

Supervisor's Signature, Date, Print Name, Telephone
**Staff Member's Signature, Date, Print Name
Witness's Signature (optional), Date, Print Name

- As soon as possible after a decision is made, complete this form, have the staff member sign the form and distribute the copies.
- Although it is preferable that suspensions be served immediately, suspensions may be delayed for a short period of time or spread out over several weeks based on the operational needs of the department.
- All suspensions and terminations must be approved beforehand by Human Resources.

cc: Human Resources, Staff Member, Originating Department and Union (forward within 72 hours)

*Please note exempt staff may not be docked or suspended without pay, however, may be issued a warning in lieu of same.
**Staff Member's Signature Indicates Receipt, Not Agreement