

Carolina Family Health Centers, Inc.

Disciplinary Probation

EMPLOYEE NAME: _____ **POSITION:** _____

SUPERVISOR: _____ **DATE:** _____

The purpose of this disciplinary probation is to formally notify you of a behavior and/or performance discrepancy that is unacceptable and that has reached a level that may jeopardize your employment status.

Date of previous corrective action (written warning and/or performance improvement plan), if applicable: _____

Description of continuing performance/behavior discrepancies:

Steps previously taken to correct performance/behavior:

Clarification of expectations:

Employee is hereby placed on Disciplinary Probation for a period of _____ days; ending
_____.
(date)

APPROVED BY:

Department Director

Date

Chief of Staff

Date

CONFERENCE CONDUCTED BY:

Supervisor

Date

Director of Human Resources

Date

EMPLOYEE COMMENTS:

Employee

Date

My signature acknowledges this conference occurred. Refusal to sign is grounds for additional disciplinary action or immediate termination of employment.

REVIEWED BY:

Chief Executive Officer

Date