

Carolina Family Health Centers, Inc.

Disciplinary Probation – Follow-Up

EMPLOYEE NAME: _____ **POSITION:** _____

SUPERVISOR: _____ **DATE:** _____

The purpose of this disciplinary probation follow-up is to review the progress, made by the employee, during the disciplinary probation period and determine the employee’s employment status.

- ___ Substantial improvement noted. Probation discontinued
- ___ Termination of Employment
- ___ Exceptional circumstances noted. Request a 30-day extension of probation.

JUSTIFICATION OF RECOMMENDATION:

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