



DISCIPLINARY CALL SLIP

Date of issue:	Time of issue:
Employee name/ Issued to:	Station / Unit / Area:
Supervisor's name:	
Issued by:	

Type of violation / complaint / issue:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Work performance or quality |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Other: _____ | |

Description of violation / complaint / issue: (including date, time, and details)

This is the: ☐ First warning ☐ Second warning ☐ Final warning

Details of prior warnings: (dates, times, and a brief description)

Corrective Action: (steps the employee must take to address the conduct and the timeframes for these actions)

Next Action Step if Problem Continues:

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me.

Employee's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____
Chief Nurse: _____	Date: _____