



**LIBERTY HEALTHCARE CORPORATION AND
AFFILIATES (LIBERTY) EMPLOYEE DISCIPLINARY ACTION
PLAN FORM**

Employee Name:	Program Name:
Supervisor:	Date:
Discipline: Select One	
Description action and reason for discipline:	

Describe Corrective Action Plan and include follow up dates:

I have been given an opportunity to discuss the above with my supervisor. I understand that by signing this document it does not indicate agreement; however, this document will become part of my employment record with or without my signature. I also understand that further incidents of this nature may result in further discipline, up to and including termination.

Employee:

Date:

Supervisor:

Date:

Previous Warnings: (if any)

Verbal Warning Date Given:	Reason for discipline:
1 st Written Warning Date Given:	Reason for discipline:
2 nd Written Warning Date Given:	Reason for discipline: