

Jay Nolan Community Services, Inc.
Record of Employee Counseling

Name: _____

Date: _____

Position: _____ Dept. No.: _____

Program: _____

This is to confirm in writing that you have been counseled for the reasons shown below:

_____ Client Abuse related to physical, mental, sexual, emotional neglect, of one or more clients, or failure to report knowledge of such a situation.

_____ The use or sale of drugs or alcohol while on duty, while on JNCS premises, or arriving on shift intoxicated or drug impaired.

_____ Theft from the Agency (a fellow employee or a client).

_____ Insubordination or other serious breaches of discipline involving attitudes toward supervisors or administrative personnel.

_____ Falsification of documents or required reports involving an attempt to defraud the agency or other agencies for example: time cards, household & P & I receipts, data, mileage sheets, application forms, sick leave documentation, incident reports, medication reports.

_____ Conviction of a felony

_____ Physical assault upon a supervisor, administrative designee, JNCS parent, Board Member, fellow employee, client or member of the public.

_____ Malicious destruction or damage to JNCS property or the property of a fellow employee, client, Board Member, parent or the public.

_____ Unauthorized absence of three consecutive work days without good cause or a doctor's certificate.

_____ Illegal gambling while on duty, while on JNCS premises.

_____ Willful neglect in the performance of duties and/or responsibilities.

_____ Violation of JNCS policies and procedures.

_____ Obscene gestures, improper advances towards, or sexual harassment of clients, fellow employee, Board Members, JNCS parents or the public.

_____ Hindering or interfering with any authorized investigation by the agency or other lawful agency such as Licensing, Police Adult Protective Services, Child Protective Services, Department of Developmental Services or Regional Center.

_____ Any unlawful conduct on or off the premises during duty hours or off duty hours which could reflect on the integrity, reputation or image of Jay Nolan Community Services.

_____ Failure to complete necessary paperwork on a timely basis as indicated in the new employee packet, including completion of the Initial Training Program.

_____ Breach of client confidentiality.

_____ Failure to provide 24 hours notice of inability to report for assigned shift.

_____ Leaving the shift without permission of the designated supervisor, resulting in client jeopardy or violating required vendored/licensed client/staff ratios.

_____ Sleeping during shift.

_____ Attitudinal problems affecting the overall running of the program or a portion of it, resulting in low staff and/or client morale and/or lack of program implementation.

_____ Failure to use appropriate channels of communication or the organizational hierarchy to problem solve internal JNCS issues; e.g. addressing internal JNCS concerns to parents or the public inappropriately.

_____ Verbal assault resulting in abusive, obscene or threatening language to a supervisor, administrative personnel, Board Member, JNCS parent, fellow employee, client or member of the public.

_____ Refusal to report work-related accidents in which injury or property damage occurred.

_____ Refusal to report known violations of work rules.

_____ Refusal to give testimony during authorized investigations.

_____ Unauthorized use of Agency equipment or property.

_____ Making false, threatening or malicious statements to others concerning Agency employees or the Agency itself.

_____ Horseplay or malicious mischief causing an injury.

_____ Participating in fighting on the premises.

_____ Inattention to job responsibility.

_____ Failure to complete assignments on a daily/weekly basis.

_____ Creating or contributing to unsafe working conditions.

_____ Failure to commence work at the beginning of the duty period.

_____ Tardiness at the start of your shift, or after meal breaks or rest periods.

_____ Inability to maintain compatible working relations with fellow employees.

_____ Failure to maintain personal cleanliness and good personal appearance.

_____ Other specify): _____

Description of Circumstances: _____

Objective Established to Address Problem: _____

Supervisor's Signature: _____ **Date Written:** _____

Employee's Signature: _____ **Date Received:** _____

Employee's Response: _____

Distribution: Original: Employee Duplicate 2: Supervisor
Duplicate 1: Personnel File Duplicate 3: Program/Administrative Director

Action Taken:

- _____ Verbal warning with advice on how to improve.
- _____ First Written Warning with advice on how to improve.
- _____ Final Written Warning with advice on how to improve.
- _____ * Suspension: Further discipline may result in your discharge.
- _____ * Probation
- _____ * Discharge/Termination

*= **Employees do not accrue vacation/courtesy time benefits while on suspension or probation.**