

Employee Personnel Record

Disciplinary Warning and Action Log

Employee's Name: _____ Position: _____

Problem #___ With Employee (include dates and description):

Date Disciplinary Warning given: _____ Date Disciplinary Action taken: _____

The Warning Given or Action Taken:

Signature of Doctor: _____ Date of INITIAL Entry: _____

Repeated Incidents of this problem. Note date of incident, whether warned (W) or disciplined (D).

(DATE)_____ ☐W ☐D (DATE)_____ ☐W ☐D (DATE)_____ ☐W ☐D
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(DATE)_____ ☐W ☐D (DATE)_____ ☐W ☐D (DATE)_____ ☐W ☐D

Make extra copies of this page if needed.

Employee Personnel Record

Notice of Voluntary Termination of Employment

Practice Name: _____

Employee's Name: _____

Date: _____ Position: _____

I, the employee noted above, hereby submit my voluntary resignation from the above-named employer for the following reasons:

My last day of employment with this practice will be on (date): _____

Employee's Signature: _____ Date: _____

Supervisor's Checklist for Last Day of Employment:

- ☐ Exit Interview Questionnaire Completed
- ☐ Office Key(s) Returned
- ☐ Pension & Profit Share Form filed for Termination
- ☐ Books/Tapes/Office Property Returned
- ☐ Final Check Received by employee within 3 days of last day of employment
- ☐ Disbursement amount on final check is correct
- ☐ Other _____

Forwarding Address (for further communications):

I have completed the above checklist and find that everything is in order.

Employee's Signature: _____ Date: _____

Doctor/Supervisor's Signature: _____ Date: _____

Employee Personnel Record

Employee Exit Interview Questionnaire

Practice Name: _____ Date: _____

Employee's Name: _____ Position: _____

Date Hired: _____ Date of Last Day of Employment: _____

In order for us to improve your position for your replacement, please answer the following questions:

☐ When you were hired, did you understand which positions you were hired for and the kind of work they entailed?

☐Yes ☐No Comment: _____

☐ Was this a new position that you had to create when you were hired, or did it already exist?

☐New ☐Already Existed Comment: _____

☐ Have you trained your replacement in all aspects of this position?

☐Yes ☐No Comment: _____

☐ If not, what else does your replacement need to be trained in?

☐Nothing, Comment: _____

☐ If you could change any part of the practice, what would it be?

☐Nothing, Comment: _____

☐ If you could change any part of your position, what would it be?

☐Nothing, Comment: _____

☐ Do you feel that we represent our goals and visions as a team?

☐Yes ☐No Comment: _____

☐ Are you aware of any incidents in this practice that have not been reported?

☐Yes ☐No Comment: _____

☐ Other Comments: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____