

McLAREN MEDICAL GROUP
Flint, Michigan
PRACTICE MANAGEMENT
CONSULTATION RECORD

Employee Name: _____ Date: ____ / ____ / ____

Department: _____ Position: _____

This document serves as a record of consultation regarding the incident detailed below:

- | | |
|---|---|
| <input type="checkbox"/> Poor customer service | <input type="checkbox"/> Failure to wear approved apparel |
| <input type="checkbox"/> Conducting personal business on company time | <input type="checkbox"/> Failure to do assigned work or follow instructions |
| <input type="checkbox"/> Frequent absenteeism (dates and times) | <input type="checkbox"/> Exceeding lunch or break period |
| <input type="checkbox"/> Frequent tardiness (dates and times) | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Smoking in unauthorized area | <input type="checkbox"/> Absent without notice |
| <input type="checkbox"/> Leaving the department | <input type="checkbox"/> Sleeping on the job |
| <input type="checkbox"/> Refusing to work where assigned | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Poor job performance | <input type="checkbox"/> Other: _____ |

Manager Comments:

Employee Comments:

Operations Manager: _____ Date: ____ / ____ / ____

I have received a copy of this record:

Employee Signature: _____ Date: ____ / ____ / ____

– Attach additional sheets for additional comments –