

McLaren Print System Order

Order No: 60412 Reprint Previous Order No: 33803
Order Date: 2021-02-18
User: Kristin Fudge
Phone: 5179133888

Ship Location: mclaren southside
5525 S. MLK jr
lansing, mi 48911

Forms

Quantity: 100
Paragon Dept No: 54524
Dept Name: McLaren Southside
Company Number: 810

Order Total Price: 23.40

Item Number: M-24003
Item Description: CONSULTATION RECORD
Revision Date: 11/2010
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; 2 part; black & white

McLAREN MEDICAL GROUP
1500 S. Morgan
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"/> Violating |
| <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 -

CONSULTATION
RECORD

WHITE - Manager YELLOW - Employee