

**Absenteeism**

Is there a pattern of frequent or unexplained absences from work station? Yes No

If so, specify \_\_\_\_\_

**Absences/tardiness (During the past 12 months)**

Number of occurrences \_\_\_\_\_ Number of days \_\_\_\_\_

Reasons given \_\_\_\_\_

Is there a pattern to the absences? Yes No

If so, on which days is the employee absent consistently? \_\_\_\_\_

**Accidents (During the past 12 months)**

Number of on-the-job accidents \_\_\_\_\_ Number of off-the-job accidents \_\_\_\_\_

Total time lost \_\_\_\_\_ Type of accidents \_\_\_\_\_

Any disciplinary action taken? Yes No

If so, please describe \_\_\_\_\_

How must performance improve? \_\_\_\_\_

What is the timeline for performance improvement? \_\_\_\_\_

Additional information/feedback: \_\_\_\_\_

**FORM COMPLETED BY:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of performance referral \_\_\_\_\_ Employee given copy? Yes No

Has Human Resources been notified? Yes No

Individuals to be included on the Release of Information

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Please fax this completed form to 402-398-5897. Thank you.**



This is your healthcare