### **Step 1 - Informal Counseling - Violations of Confidentiality**

DATE:

TO:

SUBJECT: **JOB PERFORMANCE & EXPECTATIONS**

This memorandum is a brief summary of our recent discussion of your job performance.

**Unsatisfactory Job Performance:**

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**Performance Expectations:**

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As reviewed and discussed today, in accordance with Medical Center Human Resources Policy No. 707 – Violations of Confidentiality, I expect immediate improvement in the above stated area. If I can be of any assistance, please do not hesitate to ask. If job performance does not improve, you will be subject to further performance improvement counseling up to and including termination.

EMPLOYEE NAME (print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** SUPERVISOR NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emp. ID#: \_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Emp. ID#: \_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_

 DATE: \_\_\_\_\_\_\_\_\_\_

(Your signature is intended only to acknowledge receipt of this notice. It does not imply agreement or disagreement with the notice itself. If you refuse to sign, your supervisor will initial the form indicating that you received a copy.)