

DECISION-MAKING LEAVE WORKSHEET

ischarge. To qualify pon returning to wo	or not he/she desires to conf for reinstatement, the above rk from the suspension. Fail he employee's intent to volu	e-named employee mus lure to return this comp	n our company. st complete and pleted workshe	Suspension is the d return this works	final step before sheet immediately
USPENSION INFO:					
□ PAID □ U	NPAID				
Ends:					
ANAGER/SUPERV	ISOR: or conduct that has led to de	ecision making leave (a	ttach additiona	al page(s) as neede	·d)
	or conduct that has led to de	coloion maning leave (a	Truori addition	ar page(b) ab freede	
Manager/Superv	isor: Make a copy of the wor	rksheet completed to th	nis point before	giving to employe	e for completion.
MPLOYEE: escribe the negative eeded)	effect your behavior and/o	r conduct has had on yo	our employer's	workplace. (attach	ı additional pages a



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Outline how you are go (attached additional pa	oing to change your behavi ages as needed)	or and/or conduct to er	nsure that the cu	urrent situation w	rill never be repeated
Explain what you unde	erstand will be the outcom	e if the behavior and/or	conduct is repe	eated	
ACKNOWLEDGMENT			1.1		
	nd acknowledge that I am ime with or without reaso		nd that my emp	loyment can be te	erminated, or I can
	that this suspension is m result in the termination		a repeat of the b	ehavior and/or co	onduct that has led to
		or, cp.o,c			
Supervisor's signature	<u> </u>		Date:		
- 1				5 .	
Empioyee's signature:				Date:	
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