

UAB Hospital and The Kirklin Clinic								
NAME:					Date:	September 29, 2014		
TITLE:					EMP #:			
Counseling Type: Verbal warning								
Today Sep 29, 2014			Period Start Date Sep 29, 2013					
DATE	WEEK DAY	Absence	MP or Tardy	Comment				
Sub Total								
Total Occurences								
Instructions to employee: See Policy 619 Attendance								
Supervisor:				Title:	Nurse Manager	Date:	September 29, 2014	
Employee Comments:								
My signature indicates that I have read and received a copy of this record.								
Signatures						Date		
Employee:								
Supervisor:								