## WEST CARROLL HEALTH SYSTEMS 706 Ross Street ~ Oak Grove, LA 71263 ~ Telephone (318) 428-3237

## FOLLOW-UP REPRIMAND FORM

	cpi inana					_
Employee:			Date:			
Department:	• .	Date of Original Reprimand:				
Has Problem Resolved?: □Yes □No						
If not, what is the	plan of correction?:					
		:				
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Recommendation:	□Continue Employme □Additional Follow-		nination	□Probation	□Suspension without p	ay
	□Additional Follow-	Op in		days		
Additional Comm		Op in		uays		
Additional Comm		Op in	:	uays		
Additional Comm		Op in		uays		
Additional Comm		Op in		Lays		
Additional Comm		Op in		uays		
Additional Comm		Op in		Lays		
Additional Comm		Op in		Lays		
Additional Comm		Op in		uays		
Additional Comm  Department Head S	ents:			Lays	Administration:	