

No Call, No Show Facility Write-Up Sample

Employee Name	**Employee Name**	Organization Name	**Facility Name**
Employee ID	**Nurse ID**	Department	**Dept. Name**
Position	**Employee Position**	Supervisor	**Supervisor Name**
Date of Incident	**Month/Date/Year**	Date of Write-Up	**Month/Date/Year**

Description of Violation:

*******(Employee Name) failed to call in their absence or show up for their scheduled work shift.*******

Impacts to the Organization:

*******Previous shift employee worked overtime to cover for no call, no show absence, costing the organization overtime and jeopardizing best practice measures regarding the known correlation between caregiver fatigue and risk for poor patient outcomes.*******

Employee Statement:

*******"I forgot I had to work. My phone was on silent at the movies, so I missed my supervisor's calls."*******

Attendance Record (for rolling 12-months):

*******(Employee Name) has 3 unscheduled absence occurrences within the current rolling month period. No history of previous no call, no show absences.*******

Corrective Measures to Be Taken

*******(Employee Name) will comply with attendance policy, giving the minimum (# of) hours notice prior to any unscheduled absence via phone calls to the manager and team-lead. Follow-up measures for this occurrence include enrollment in the unit's mentorship program, a weekly review of the upcoming week's schedule with assistant manager for 4-weeks, and a 6-month follow-up meeting with unit leadership to review progress toward attendance goals.*******

I acknowledge that I have received and reviewed this write-up regarding a no call, no show absence on **(date of incidence)**. I understand the expectations as stated in the attendance policy and will take responsibility for the outlined corrective measures. I understand and have reviewed the consequences of a repeat violation if I fail to adhere to the policy expectations and corrective plan.

Employee Signature **(Employee Signature)** Date/Time **(Date/Time of Signature)**

Supervisor Signature **(Supervisor's Signature)** Date/Time **(Date/Time of Signature)**

Appendix A

Attendance Policy

No Call, No Show Occurrences <i>(Within rolling 12-month period where (# of occurrences) are allowable)</i>	Documented Follow-Up
1	Final Warning (with HR approval)
2	Termination (with HR approval)