

DUKE UNIVERSITY HOSPITAL

Missed Badge Swipe Counseling Form

EMPLOYEE: _____

DUID: _____

You have accumulated the following occurrences for failure to comply with the Badge Swiping policy:
It is the responsibility of the staff member to enter any missed time in the API Payroll System to ensure accurate and timely payment of all hours worked.

You have accumulated the following:

Date	Missed Badge Swipe
	1 st Occurrence of Missed Swipe
	2 nd Occurrence of Missed Swipe
	3 rd Occurrence of Missed Swipe
	4 th Occurrence of Missed Swipe
	5 th Occurrence of Missed Swipe
	6 th Occurrence of Missed Swipe
	7 th Occurrence of Missed Swipe

If you receive 8 or more occurrences for missed badge swipes within a rolling 12 month calendar, you may be subject to corrective action, up to and including termination of employment.

My signature on this form acknowledges a discussion with my manager about the Badge Swiping policy.

(Supervisor)

(Date)

(Employee)

(Date)