


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Disciplinary and Adverse Action	POLICY NO: AD-HR- 09	Page 1 of 3
RESPONSIBILITY: Personnel		
APPROVED BY:  DIRECTOR	EFFECTIVE: JUL 26 2018	LAST REVIEWED/REVISED:

PURPOSE:

To provide guidelines and standards for applying prompt, equitable, and suitable progressive discipline when necessary, to provide an opportunity to correct inappropriate behavior and/or performance, and to enhance and promote communication inclusive of clear expectations regarding performance and acceptable behavior.

POLICY

- A. GBHWC expects all employees to work as a team to provide and achieve excellence in customer service.
- B. Inadequate performance, including unacceptable habits or practices, shall be corrected. The employee shall be given reasonable opportunity to improve their level of job performance inclusive of applicable training, for corrective action.
- C. Different levels of discipline or progressive disciplinary action appropriate for the offense or violation shall be utilized for correcting staff in such a way as to produce satisfactory job performance and or acceptable behavior, under the discretion of the Supervisor. Disciplinary action shall not be use in a punitive manner.
- D. All supervisors are required to attend Adverse Action training.
- E. GBHWC follows the Adverse Action Procedures set forth in Chapter 11 of the DOA Personnel Rules and Regulations and § 4406 Adverse Action Procedures and Appeals from Chapter 4 Personnel Policy and the Civil Service Commission of Title 4 GCA Public Officers & Employees. In addition to the Authorized Causes for Adverse Action listed in the DOA Personnel Rules and Regulations, GBHWC included unacceptable habits and practices for disciplinary action:
 - 1. Refusal to work;
 - 2. Failure to produce work of acceptable quality, accuracy, quantity, promptness, timely completion, appropriateness, poor work habits, or by established deadlines;
 - 3. Deficiencies in performance as required in the individual development plan, performance improvement plan or as noted in the performance evaluation;
 - 4. Unsatisfactory or grossly inefficient work performance;
 - 5. Violation or failure to comply with Federal or Guam Public Law, Governor's Executive Order, GBHWC Policy or Procedure, DOA Personnel Rules and Regulations;
 - 6. Make public statements which harshly criticize GBHWC and the Government of Guam concerning policies, rules, practices, and/or programs;
 - 7. Acts, while on or off duty, in a manner likely to discredit GBHWC;
 - 8. Actions which bring GBHWC or the individual into disrepute or impair the effectiveness of GBHWC or individual;
 - 9. Workplace violence;
 - 10. Serious disruption in the workplace;
 - 11. Improper use of leave;
 - 12. Negligence in the performance of assigned job duties;

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13. Abuse of client(s), patient(s), student(s), or person(s) over whom the employee has charge or to whom the employee has responsibility;
14. Interferes with the work of others;
15. Increases the chance for Death or serious bodily injury or creates conditions that increase the chance for death or serious bodily injury to an employee(s), members of the public, person(s) for whom the person has responsibility;
16. Cause of Death or serious bodily injury or creates conditions that increase the chance for death or serious bodily injury to an employee(s), members of the public, person(s) for whom the person has responsibility;
17. Promptness, or other abuses of work time;
18. An intentional or unintentional act committed while on duty or off duty that is connected significantly to the employee's job;
19. Inability to follow instructions, directions, or procedures, appropriateness of work performed, or demonstrated poor judgement, analysis, or decision-making;
20. Fails to report, to a Supervisor or to any Directors, any contraband found in possession of another employee or member of the public;
21. Fails to observe or violates the provisions of the Privacy Act, Health Insurance Portability and Accountability Act (HIPAA), and the Freedom of Information Act;
22. Any other factors that are appropriate to determine whether an employee's performance constitutes unsatisfactory job performance.

DEFINITIONS:

Informal Verbal Counseling and Verbal Warning: is given by the Supervisor to the Employee, usually pointing out an unsatisfactory element of job performance or behavior. Is intended to be corrective or cautionary and shall serve to streamline progressive discipline by bringing potential problems to an employee's attention before they escalate. A verbal counseling session informally defines the area of needed improvement, sets up goals for the achievement of improvement, and informs the employee that failure to improve may result in more serious actions.

Formal Discipline: may include written warning, written reprimand, and recommendation for adverse action of suspension, demotion or dismissal. An employee may receive formal discipline to correct violations of statute, rule, policy, practice, or procedure regarding work performance or behavior. Absent aggravating conditions, formal discipline is normally administered after verbal counseling or verbal warning has failed to produce acceptable results.

PROCEDURE:

A. Verbal Counseling and Verbal Warning:

1. The supervisor shall call the attention of the employee privately for any unacceptable habits, practices or inadequate performance.
2. The unsatisfactory element of job performance or behavior shall be pointed out to the employee and is intended to be corrective or cautionary.
3. Areas needing improvement shall be identified, and goals for improvement outlined.
4. Supervisor shall inform the employee that failure to improve may result in more serious actions.
5. The employee counseling form and Performance Improvement Plan (PIP) shall be utilized for documentation.
6. The Supervisor shall discuss the Performance Improvement Plan with the employee and shall arrange for the employee to attend applicable training when appropriate.

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7. The employee shall sign the PIP as a sign of acceptance of the plan. If the employee refuses to sign, the supervisor must note that the employee refused to sign.

B. Written Warning

1. A Written Warning Form shall be used to point out the serious nature of the offense or infractions and establish the expected corrective actions.
2. The written warning and Performance Improvement Plan shall be issued by the Supervisors with the approval of the Director.
3. The supervisor shall discuss the Performance Improvement plan with the employee and shall arrange for the employee to attend applicable training when appropriate.
4. A copy shall then be forwarded to GBHWC Personnel Office for placement in the employee's personnel file for two (2) years.

C. Written Reprimand

1. A written reprimand is a censure for a fault, confirms non-performance or misconduct after adequate counseling and warning has been provided.
2. The written reprimand shall be issued by the Supervisors with the approval of the Director.
3. A written reprimand form and the Performance Improvement plan shall be completely filled up and signed indicating the continuing nature of the offense.
4. The supervisor shall discuss the Performance Improvement plan with the employee and shall arrange for the employee to attend applicable training when appropriate.
5. A copy shall then be forwarded to GBHWC Personnel Office for placement in the employee's personnel file for one (1) year.

D. Recommendation for Adverse Action: Final level of disciplinary action

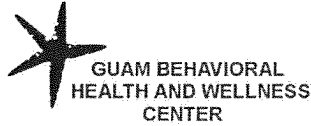
1. A single incident, based on relevant circumstances, may justify a recommendation for adverse action.
2. Recommendation for adverse action shall be utilized after verbal counseling, written warnings, and reprimand have been exhausted for repetitive occurrence of inadequate performance and or unacceptable habits.
3. The Adverse Action Form shall be filled up by the Supervisor, and shall attach supportive, relevant documentation by chronological events of continued infringement or infraction of established policies and procedures despite counseling, warning and reprimand of the employee.

REFERENCE(S):

DOA Personnel Rules and Regulations Chapter 11 Adverse Action Procedures pages 114 to 128.
Title 4 GCA Public Officers & Employees Chapter 4 Personnel Policy and the Civil Service
Commission § 4406 Adverse Action Procedures and Appeals

ATTACHMENT(S):

Performance Improvement Plan
Employee Counseling Form—Supervisory Desk Note Form
Written Warning Form
Written Reprimand Form
Recommendation for Adverse Action Form



EMPLOYEE COUNSELING FORM – SUPERVISORY DESK NOTE

Counseling Date and Time: _____

Employee's Name: _____

Employee's Position Title: _____

Supervisor: _____

Supervisor's Position Title: _____

Subject of Counseling (*Cause of Discipline*): _____

Nature of Condition, Inquiry, or Incident (*Detailed description, date and time of the incident or issue to allow for ready interpretation by other concerned parties.*):

Conclusion or Action to be taken (*DETAILED, specific description of what remedy was requested of the Employee to improve performance or meet standards.*):

The consequences of repeated infractions or continuing deficient performance or behavior:

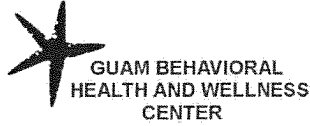
Employee understands the nature of counseling and the conclusion or action to be taken. Yes No

A Performance Improvement Plan was completed: Yes No

Employee's Signature and Date

Supervisor's Signature and Date

This form can be used by Supervisors as a means of documenting performance or behavior problems that arise or begin to develop where the nature of the situation is inappropriate for disciplinary measures. The form should be completed after the counseling session or discussion. **Important:** reference source situation later if the situation worsens to warrant disciplinary action. This form **should not** be placed in the employee's personnel file—to avoid giving the appearance of a written reprimand but should be maintained in the Supervisor's file of the employee.



WRITTEN WARNING

DATE: _____

TO (*Employee's Name and Position Title*): _____

FROM (*Supervisor's Name and Position Title*): _____

SUBJECT OF WARNING (*Cause of Discipline*): _____

This written warning is regarding: _____

as well as a confirmation of our discussion on this matter in my office on (*date*): _____

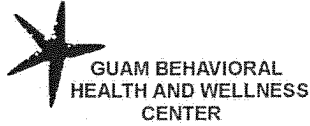
This cautionary warning is based upon the following:

1. Date and time of the incident or issue: _____

2. Detailed, specific description of incident or issue to allow for ready interpretation by other concerned parties: _____

3. Cite how the incident or issue interferes with the work environment and operations, employee performance, or safety and well-being of other employees, consumers or patients and the public in general: _____

Your action(s) in this matter constitute a violation of the following policy(ies) of GBHWC which state(s), and/or DOA Personnel Rules and Regulations, and/or Guam Code Annotated (attach a copy for reference):



WRITTEN WARNING

You are strongly advised to heed this warning, resolve to change your behavior, and improve your performance. In order to avoid further disciplinary measures, it is recommended that you (*Explanation of corrective actions the employee must do to improve performance or change behavior.*):

Your performance will be reviewed until date (*for time limitation*) _____ for progress and improvement.

If you fail to change or improve, there may be no alternative but to consider more stringent disciplinary measures, including possible adverse action which may result in demotion, suspension and dismissal. Please be advised that this memorandum will be made a part of your Official Personnel File.

You should employ this incident and the corrective actions as a means to improve your skills to become a model employee of GBHWC. Should you have any questions, in this matter, please feel free to contact me for further discussion.

This written warning will be placed in your personnel jacket for two (2) years.

A Performance Improvement Plan was completed: Yes No

Supervisor's Signature and Date

Approved

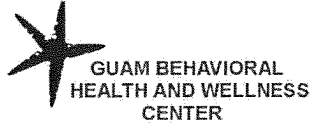
Disapproved

Director's Signature and Date

ACKNOWLEDGEMENT: I have received, read, discussed and understood the written warning. I shall be provided an opportunity to respond in writing if I have any concerns regarding this written warning.

Employee's Signature and Date

CC: Employee's Personnel File



WRITTEN REPRIMAND

DATE: _____

TO (*Employee's Name and Position Title*): _____

FROM (*Supervisor's Name and Position Title*): _____

SUBJECT OF REPRIMAND (*Cause of Discipline*): _____

This is to advise you that you are hereby reprimanded in your position with GBHWC. This action is based on the following facts:

1. Date and time of the incident or issue: _____

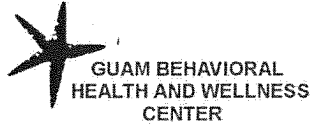
2. Detailed, specific description of incident or issue to allow for ready interpretation by other concerned parties: _____

3. Cite how the incident or issue interferes with the work environment and operations, employee performance, or safety and well-being of other employees, consumers or patients and the public in general:

Your action(s) in this matter constitute a violation of the following policy(ies) of GBHWC which state(s), and/or DOA Personnel Rules and Regulations, and/or Guam Code Annotated (attach a copy for reference):

Your conduct as described above constitutes sufficient cause for disciplinary action.

In addition, you have been disciplined in the past as follows (List prior violations in chronological order and attach copies for reference):



WRITTEN REPRIMAND

	Violation	Action Taken (Counseling, Written Warning)	Date of Action
1.			
2.			
3.			
4.			

A copy of this memorandum will be placed in your official personnel file for one (1) year.

You are strongly advised to heed this warning, resolve to change your behavior, and improve your performance. In order to avoid further disciplinary measures, it is recommended that you (*Explanation of corrective actions the employee must do to improve performance or change behavior.*):

Your performance will be reviewed until date (*for time limitation*) _____ for progress and improvement.

You should employ this incident and the corrective actions as a means to improve your skills to become a model employee of GBHWC.

If you fail to change or improve, there may be no alternative but to consider more stringent disciplinary measures, including adverse action which may result in demotion, suspension and dismissal.

Should you have any questions, in this matter, please feel free to contact me for further discussion.

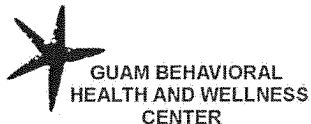
A Performance Improvement Plan was completed: Yes No

Supervisor's Signature and Date

ACKNOWLEDGEMENT: I have received, read, discussed and understood the written reprimand.

Employee's Signature and Date

CC: Employee's Personnel File



RECOMMENDATION FOR ADVERSE ACTION

DATE: _____

TO (*Director and Deputy Director's Name and their Titles*): _____

FROM (*Supervisor's Name and Position Title*): _____

SUBJECT: RECOMMENDATION FOR ADVERSE ACTION

I am respectfully recommending that a Notice of Proposed Adverse Action be issued to:

Employee's Official Name and Official Title

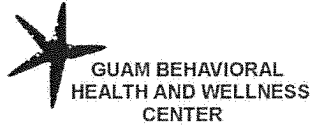
This recommendation is based on the following facts:

1. Date and time of the incident or issue: _____

2. Detailed, specific description of incident or issue to allow for ready interpretation by other concerned parties (attach a copy of the incident or issue for reference): _____

3. Cite how the incident or issue interferes with the work environment and operations, employee performance, or safety and well-being of other employees, consumers or patients and the public in general:

The action(s) stated above, in this matter, constitute a violation of the following policy(ies) of GBHWC which state(s), and/or DOA Personnel Rules and Regulations, and/or Guam Code Annotated (attach a copy for reference):



RECOMMENDATION FOR ADVERSE ACTION

If this is a continuous violation/infraction of policies, please list and indicate prior violations the employee was disciplined for in chronological order (attach a copy for reference):

	Violation	Action Taken (Counseling, Written Warning, Reprimand)	Date of Action
1.			
2.			
3.			
4.			

The employee's conduct as described above constitutes sufficient cause for Adverse Action. In addition, for each of the above violations, the employee failed to change their behavior and to improve in their performance. The references are attached to this Recommendation for Adverse Action.

Supervisor's Signature and Date

Approved

Disapproved

Deputy Director's Signature and

Approved

Disapproved

Director's Signature and Date

CC: DOA--Human Resources Branch
GBHWC Personnel Office

Appendix H PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE: _____ POSITION TITLE: _____
 DEPARTMENT: _____ DIVISION/UNIT: _____
 RATING PERIOD:
 FROM: (60 Days) _____
 Ext. (60 Days) Max: _____ TO: _____

SUPERVISOR: _____

JOB STANDARD NOT MET	IMPROVEMENT NEEDED	SPECIAL ASSIGNMENT	PLANNED DATES	DATES COMPLETED

EMPLOYEE'S COMMENTS:	
_____ EMPLOYEE'S SIGNATURE	_____ DATE
SUPERVISOR'S COMMENTS:	
_____ SUPERVISOR'S SIGNATURE	_____ DATE

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy and Procedure

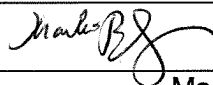

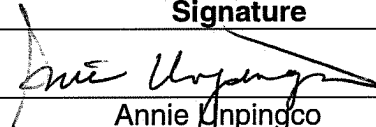
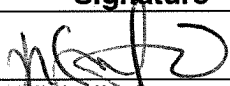
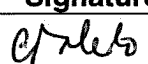
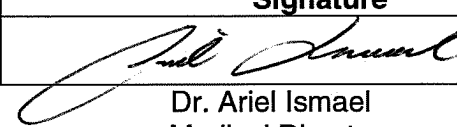
Submitted by: Human Resources


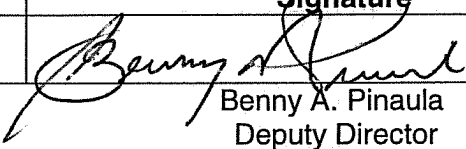
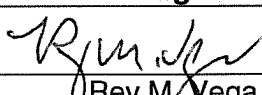
Protocol/Form

Policy No: AD-HR-09

Bylaws

Title: Disciplinary and Adverse Action

Reviewed/Endorsed Title	Date	Signature
	6/1/2018	
Name Title		Maelei R. Sampson Human Resources
Reviewed/Endorsed Title	Date	Signature
	6/1/2018	
Name Title		Jeremy Lloyd Acting Nurse Administrator
Reviewed/Endorsed Title	Date	Signature
		
Name Title		Annie Unpingco CASD Administrator
Reviewed/Endorsed Title	Date	Signature
	6/14/18	
Name Title		Michelle Sasamoto Compliance Officer
Reviewed/Endorsed Title	Date	Signature
	6/1/2018	
Name Title		Cydsel Toledo Quality Improvement Coordinator
Reviewed/Endorsed Title	Date	Signature
	06/04/18	
Name Title		Dr. Ariel Ismael Medical Director

Reviewed/Endorsed	Date	Signature
	6/4/2018	
Title	Name Title	Reina Sanchez Clinical Administrator
Reviewed/Endorsed	Date	Signature
	4/12/18	
Title	Name Title	Benny A. Pinaula Deputy Director
Reviewed/Endorsed	Date	Signature
	JUL 26 2018	
Title	Name Title	Rey M. Vega Director