

Memorandum

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Administrative Leave Pending Investigation

cc: Personnel File

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You are being placed on Administrative Leave pending investigation for an allegation of abuse. Abuse is defined as “the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical, emotional or psychological harm, pain or mental anguish.” A root cause analysis will be performed within 72 hours. Further, if deemed appropriate, an investigation in consultation with Human Resources will occur. The initiation of an investigation of an allegation of patient abuse is not a conclusion that abuse has occurred but a necessary process to ensure the Medical Center maintains a safe environment for all patients, staff, and visitors. If the allegations are not substantiated, you will be compensated for your missed time. The employee will not return to work until notified by their supervisor of the date and time they may return.

If you have any questions, please contact your manager or Employee Relations at 545-8618.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

For Internal Use Only:

Review of RCA Completed by: \_\_\_\_\_  
\_\_\_\_\_

Recommendations:

Return to Work

Return to Work with the following recommendations: \_\_\_\_\_  
\_\_\_\_\_

Termination

Employee Return to Work

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



Administrative Leave Pending Investigation

Form No. RMC. 431 (Rev. 02/14)

Original (Human Resources) Copy (Supervisor) Copy (Employee)