

EMPLOYEE DISCIPLINARY ACTION FORM

Employee Name: _____

Employee Title: _____

Supervisor Name: _____

Supervisor Title: _____

Issue Date: _____

Disciplinary Action Taken:

Verbal Warning Written Warning

Suspension

Start Date: _____

End Date: _____

Termination

Effective Date: _____

Type of Violation:

Absence/Tardiness

Behavior/Teamwork

Inappropriate Conduct

Poor Performance

Violence

Inappropriate Dress

Violation of Company Policy

Harassment

Substandard Work

Sleeping on the Job

Falsification of Documents/Records

Other _____

Date of Violation: _____

Description of Violation:



Correction Plan to be Taken:

Consequences for Failure to Improve Performance or Correct Behavior:

Employee Statement:

Follow up:

- Two weeks One month Three months Other: _____

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

Employee Signature **Employee Name** **Date**

Supervisor Signature **Supervisor Name** **Date**

Copies of this form and any attachments should be sent to the Employee and kept in the Department.

The originals should be sent to Human Resource Services.

