

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.

