



DISCIPLINARY ACTION FORM

EMPLOYEE: _____
DEPARTMENT: _____
SUPERVISOR: _____

ID Number: _____
POSITION: _____

TYPE OF ACTION:

- Verbal Warning
- Written Warning
- Suspension (must be authorized by TA): Begins: _____ Ends: _____
- Termination (must be authorized by TA): Effective: _____

Date(s) of Incident: _____ Time of Incident: _____

Description of the Incident(s) or Behavior(s):

Supporting Evidence, if any (please describe; attach copies of any documentation):

Employee's Comments:

Corrective Action Plan:

Next Action Step if Problem Continues:

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

Date

Manager/Supervisor Signature

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 Resources.*