

**FRANKLIN COUNTY BOARD OF COMMISSIONERS  
EMPLOYEE DISCIPLINE REPORT**

**EMPLOYEE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Check Agency Name:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Animal Control           | <input type="checkbox"/> Bd. of Commissioners | <input type="checkbox"/> CSEA                                 | <input type="checkbox"/> Dept. Job & Fam. Serv. |
| <input type="checkbox"/> Econ. Dev. & Plng. Dept. |   | <input type="checkbox"/> Fleet Mgmt.                          | <input type="checkbox"/> Human Resources Dept.  |
| <input type="checkbox"/> Office on Aging          | <input type="checkbox"/> Pub. Fac. Mgmt.      | <input type="checkbox"/> Purchasing                           | <input type="checkbox"/> Sanitary Eng.          |
| <input type="checkbox"/> Benefits & Risk Mgmt.    |   | <input type="checkbox"/> Office of Hmld. Sec. & Justice Prog. |   |

The above employee is hereby recommended to be reprimanded for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Neglect of Duty   | <input type="checkbox"/> Incompetence        |
| <input type="checkbox"/> Excessive and/or Unauthorized Absence                       | <input type="checkbox"/> Inefficiency        |
| <input type="checkbox"/> Dishonesty  | <input type="checkbox"/> Excessive Tardiness |
| <input type="checkbox"/> Immoral Conduct   | <input type="checkbox"/> Insubordination     |
| <input type="checkbox"/> Discourteous Treatment of<br>Public and/or Fellow Employees | <input type="checkbox"/> Other               |

**DESCRIPTION OF OFFENSE(S):** (Include dates, times, locations, witnesses and any previous similar reprimands of which you are aware.) Attach additional sheets if necessary. (Limit 1140 characters – including spaces)

Correct behavior of employee expected in future: (Limit 810 characters – including spaces)

**DISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Informal Counseling (CSEA Only) | <input type="checkbox"/> Verbal Reprimand | <input type="checkbox"/> Written Reprimand |
| <input type="checkbox"/> ____ Day(s) Suspension          | <input type="checkbox"/> Removal          |  |

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO THE EMPLOYEE:**

In the space provided below, you may explain the incident(s) in question, and clarify any facts that you believe were incorrectly stated by the supervisor.

**NOTE:**

The supervisor must review the incident with the employee prior to the employee responding to the charge(s). Attach additional sheets if necessary.

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**\*EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*Your signature acknowledges receipt, not an agreement of charges.**

**This reprimand report will be made a part of your permanent personnel record.**

**If the employee refuses to sign this reprimand, witnesses to this fact should sign below.**

**WITNESS:** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_ **DATE** \_\_\_\_\_

**DISCIPLINE APPROVED BY DEPARTMENT HEAD (DIRECTOR)**

\_\_\_\_\_ **NONE**                      **OTHER** \_\_\_\_\_

\_\_\_\_\_ **AS RECOMMENDED**

**DISCIPLINE RECOMMENDED IF SIMILAR OFFENSE(S) OCCUR:** \_\_\_\_\_

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\_\_\_\_\_  
**SIGNATURE OF SECTION MANAGER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF ASSISTANT DIRECTOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF DEPARTMENT HEAD (DIRECTOR)**

\_\_\_\_\_  
**DATE**

Please forward the original discipline report to the Franklin County Commissioners Human Resources Department.