

**EMPLOYEE DISCIPLINARY NOTICE**

*Shelby County Government*

**Employee Name:**

**SS#:**

**Department:**

**Date:**

**Type Of Violation:**

Attendance	<input type="checkbox"/>	Carelessness	<input type="checkbox"/>	Insubordination	<input type="checkbox"/>
Lateness/Leave Early	<input type="checkbox"/>	Failure to Follow Instructions	<input type="checkbox"/>	Violation Of Safety Rules	<input type="checkbox"/>
Rudeness to Employees/Customers	<input type="checkbox"/>	Willful Damage to Material/Equipment	<input type="checkbox"/>	Using Work Time for Personal Matters	<input type="checkbox"/>
Poor Job Performance	<input type="checkbox"/>	Violation Conduct Standards	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Previous and Current Disciplinary Action Taken:**

Offense Type	Given By Whom	Date
1st Offense: Verbal Warning	<input type="text"/>	<input type="text"/>
2nd Offense: Written Warning	<input type="text"/>	<input type="text"/>
3rd Offense: Suspension	<input type="text"/>	<input type="text"/>
4th Offense: Termination	<input type="text"/>	<input type="text"/>

**Employer Statement:**

Date Of Current Incident:

Time:

**Current Disciplinary Action To Be Taken**

Warning:

Suspension:

Dismissal:

**Consequence Should Incident Occur Again**

Future occurrences may result in further progressive disciplinary action up to and including termination.

**Employee Statement:**

I Agree With  
Employer's Statement

I Disagree With  
Employer's Statement

Employee's Statement:

**I have read this Employee Disciplinary Notice and understand it.**

Employee's Signature

Date

Signature Of Supervisor Issuing Warning

Date

Authorizing Elected Officials Signature

Date