



Employee Disciplinary Form

Employee Name

Department

Job Title

Date of Offense

Incident Description and Supporting Details: (Outline details of what occurred to include the specific offense(s), time, place, date(s), as well as the impact on the department and County)

Progressive Discipline Level: Verbal Counseling ☐ Written Reprimand ☐ Suspension Without Pay ☐

Suspension Without Pay Details: (Also complete New World Personnel Action Form)

You are placed on suspension without pay Starting Ending Return to work on

Actions Necessary to Bring About Improvement:

Your performance in the following area(s) is expected to improve immediately. (List expectations with any specific directions or training that may be applicable)

Employee Comments

Employee Acknowledgment:

I have received a copy of this notification. It has been explained to me, and I have been advised to take time to read it before I sign it. My signature acknowledges receipt of document, but not necessarily agreement with the statement made in it.

Department Head Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Personnel Director's Signature: _____ Date: _____