

## STAFF COUNSELING/DISCIPLINARY NOTICE

STAFF MEMBER NAME: \_\_\_\_\_ DATE OF ACTION: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DESCRIPTION OF ISSUE:

Failure to Report or Notify	
Misconduct	
Insubordination	
Policy Violation	
Unsatisfactory Performance	
Unacceptable Behavior	
Excessive Absenteeism/Tardiness	
Safety Violation	
Other	

LEVEL OF ACTION:

Verbal Warning/Counseling	
Written Warning	
Suspension	
Termination	

Statement of Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Discussions and/or Disciplinary Actions Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective(s) for Improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re-Evaluation Meeting Required: ☐ Yes ☐ No      If Yes, Date Scheduled: \_\_\_\_\_

Staff Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Your signature is intended only to acknowledge receipt of this form; it does not imply agreement or disagreement with the contents of the form itself. If you refuse to sign, another supervisor at ECU will be asked to sign indicating that you received a copy of the form.*

**STAFF MEMBER’S COMMENTS:**

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\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date