



# Galveston County Employee Counseling/Disciplinary Notice

Employee Name :	Date:
Job Title:	Department:
Manager/Supervisor:	Employee Date of Hire:

### Type of Discipline

Verbal Warning    1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Written Warning    1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Final \_\_\_\_\_

Suspension \_\_\_\_\_ : Date from \_\_\_\_\_ to \_\_\_\_\_

Unpaid Administrative Leave : Date from \_\_\_\_\_ to \_\_\_\_\_

Paid Administrative Leave: Date from \_\_\_\_\_ to \_\_\_\_\_

Termination Notice    \_\_\_\_\_ Effective Date of Termination \_\_\_\_\_

### Type of Offense

Tardiness/Leaving Early \_\_\_ Absenteeism \_\_\_ Violation of Company Policies \_\_\_

Substandard Work \_\_\_ Violation of Safety Rules \_\_\_ No Call/No Show \_\_\_

Other: \_\_\_\_\_

### Details

Description of Incident/Infraction:

Plan for improvement:

Consequences of Further infractions:

### Acknowledgement of Receipt of Warning

*By signing this form, you confirm that you understand the information in this counseling/disciplinary notice. You also confirm that you and your manager have discussed the notice and a plan for improvement if applicable. Signing this form does not necessarily indicate that you agree with this notice. You may complete an Appeal of Adverse Employment Action to the Director of Human Resources within 72 hours.*

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Manager/Supervisor Signature Date

\_\_\_\_\_  
Witness Signature (if employee understands notice but refuses to sign) Date

