



Disciplinary Action Report

The following report should be completed by a Supervisor or Department Head, and shall not be supplemented by the help of other non-advisory employees. This report will act as a written notice of offense by an employee and will be considered an adverse action against an employee as addressed and defined in the Harnett County Personnel Ordinance Disciplinary Action Policy found in Article IX.

A full-time Harnett County employee may directly appeal the adverse action taken against them, as described in this report, in accordance with the Grievance Policy as addressed in Article X of the Harnett County Personnel Ordinance.

Supervisor/Department Head: _____
Last First Middle

Employee name: _____
Last First Middle

Department: _____ **Title:** _____ **Years of Service:** _____

Type of Offense: Attendance Issues (Specify): _____
 Carelessness Insubordination Failure to Follow Instructions
 Unsatisfactory Work Quality Safety Violations
 Violation of County Policies and/or Procedures
 Working on Personal Matter on County Time
 Other: _____

Previous & Current Warnings				
	Oral Warning	Written Warning	Date of Warning	Warning Issued By:
1st Warning				
2nd Warning				
3rd Warning				

Description of Offense (If the Harnett County Personnel Ordinance or dept. SOG's has been violated please list the violated portion):

Plan for Improvement: _____

Adverse Action Taken: Oral Warning Written Warning Suspension Dismissal
 Other: _____

Consequences Should Offense Occur Again: _____

By signing this form, you confirm, acknowledge, and understand the information in this disciplinary action report. You also confirm, acknowledge, and understand that you and your Supervisor or Department Head have discussed the adverse action to be taken against you and the reasons it is being taken. You also know that you are expected to improve based on the plan for improvement provided and the consequences that will occur if you fail to improve or this offense occurs again. Signing this form, however, does not necessarily indicate that you agree with this adverse action, nor does it suspend any appeal rights you may have under the Harnett County Personnel Ordinance.

Employee Signature **Date**

Supervisor/Department Head Signature **Date**

Witness Signature (If employee refuses to sign) **Date**

Human Resources Director Signature **Date**