

Community College of Rhode Island
NOTICE OF NON-ACADEMIC DISCIPLINARY ACTION

Sections 1-4 must be completed by supervisor before hearing

DATE _____ CLASSIFICATION _____

NAME _____ EMPLOYMENT DATE _____

DEPARTMENT _____

Action Taken:

Written Record of Oral Reprimand

Written Reprimand

1. Disciplinary action was taken for the following reason(s): (*Include date(s) of infraction)

2. Explain: (*Include details of previous discussions and/or discipline)

3. The following corrective action is expected of the employee:

4. Future infraction(s) may result in:

To be completed at hearing

Union representative was present

Employee waived right to have Union representative

NAME _____

SIGNATURES

Employee

Date

Department Director

Date

Employee declined to sign

Employee signature indicates receipt of form and does not necessarily indicate concurrence. A copy of this form will be placed in the employee's official personnel file.

HUMAN RESOURCES USE ONLY

DATE RECEIVED _____ REVIEWED BY _____ FILE MAINTAINED

Signature