

**VERNON HILLS PARK DISTRICT  
EMPLOYEE DISCIPLINE REPORT**

Name _____	Department _____	Job Title _____
PLEASE INSERT ADDITIONAL COMMENTS WHEN NECESSARY		
<b>DISCIPLINARY ACTION</b>	DATE OF REPORT _____ <input type="checkbox"/> VERBAL WARNING <input type="checkbox"/> WRITTEN WARNING <input type="checkbox"/> DISCIPLINARY SUSPENSION: DAYS _____ <input type="checkbox"/> DISCIPLINARY PROBATION: DAYS _____ ----- STARTING DATE _____ ENDING DATE _____ In the case of a disciplinary probation, the employee's next scheduled performance increase should take into account the period of probation and in no event should an increase be granted during the period of probation.	
<b>REASON FOR DISCIPLINE</b>	<input type="checkbox"/> ABSENTEEISM <input type="checkbox"/> VIOLATION OF WORK RULES <input type="checkbox"/> NEGLIGENCE OR CARELESSNESS <input type="checkbox"/> TARDINESS <input type="checkbox"/> IMPROPER JOB ATTITUDE <input type="checkbox"/> ALTERCATION OR FIGHT <input type="checkbox"/> POOR WORK PERFORMANCE <input type="checkbox"/> IMPROPER PERSONAL CONDUCT <input type="checkbox"/> ALCOHOL OR DRUGS <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> DISHONESTY <input type="checkbox"/> OTHER _____	
<b>FACTS OR EVENTS</b>	BRIEFLY STATE FACTS OR EVENTS LEADING TO THE FILING OF THIS REPORT -----	
<b>PREVIOUS WARNINGS</b>	HAS EMPLOYEE BEEN PREVIOUSLY COUNSELLED OR DISCIPLINED FOR SAME OR SIMILAR REASON? ----- <input type="checkbox"/> YES <input type="checkbox"/> NO HOW LONG AGO? _____ DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IMPROVEMENT REQUIRED</b>	BRIEFLY STATE WHAT EMPLOYEE MUST DO TO IMPROVE -----	
<b>TIME ALLOWED</b>	INDICATE MAXIMUM PERIOD OF TIME ALLOWED FOR IMPROVEMENT ----- <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> 60 DAYS <input type="checkbox"/> ____ DAYS	
<b>FAILURE TO IMPROVE</b>	STATE IN SEQUENCE WHAT DISCIPLINARY ACTION WILL FOLLOW FOR FAILURE TO IMPROVE -----	
<b>SIGNATURES</b>	EMPLOYEE _____ (Employee signature indicates receipt of report only, not agreement with content. Employee comments should be attached). SUPERVISOR _____ SUPT OF FINANCE & HR _____	