

PLEASE PRINT WHERE POSSIBLE AND PRESS HARD IF WRITING.



Temple University

Disciplinary Report

Department	Date
Employee's Name	Title
TUId	
Immediate Supervisor	Title

Check disciplinary action taken. If prior disciplinary action had been given in the same category of the work rule violation, indicate the date(s) action was taken.

General Counseling <input type="checkbox"/>	Final Written Warning <input type="checkbox"/>
Date(s) of Action:	Date(s) of Action:
Verbal Counseling <input type="checkbox"/>	3 Day Suspension w/o Pay <input type="checkbox"/>
Date(s) of Action:	Date(s) of Action:
Written Warning <input type="checkbox"/>	Termination <input type="checkbox"/>
Date(s) of Action:	Date(s) of Action:

Explanation (Use reverse side if needed):

Employee's Signature (SIGNING INDICATES RECEIPT ONLY!)		Date
PRINT Name (Organization/Delegate) (needed only if Bargaining Unit position)	Organization/Delegate Signature (sign only if Bargaining Unit member)	Date
PRINT Name (Department Head or Designee)	Department Head or Designee Signature	Date

Distribution: Original to: Employee Copies to: Supervisor, Human Resources/Labor Relations*, Union (if union employee)
*** Only disciplines at the level of written warning or above must be sent to Human Resources and Labor Relations.**