



DISCIPLINARY ACTION FORM

Revised 12/16/04

EMPLOYEE NAME: _____ DATE: _____

CLASSIFICATION: _____

SUPERVISOR: _____ DEPT. HEAD: _____

FACILITY LOCATION: _____ OTHER _____

UNION REPRESENTATIVE & AFFILIATION: _____

NATURE AND DATE OF INCIDENT:

COMMENTS:

PREVIOUS DISCIPLINARY ACTION:

Continues violations may result in further disciplinary action up to and including discharge.

I have read this employee disciplinary action form and understand it.

Employee Signature

DISCIPLINARY ACTION TAKEN:

- Oral/Verbal Reprimand Written Reprimand
- Suspension _____ days/dates: From: _____ To: _____ Discharge (Letter to follow)

Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Director of Human Resources _____ Date _____

CC: Union Representative (If applicable)
Dept. of Human Resources