

DISCIPLINARY WARNING FORM

Employee Name _____ Campus/Dept. _____

Position _____ Date _____

Please check one or more of the following:

- | | | | |
|------------------------------|-------|---|-------|
| Neglect of duty | _____ | Tardiness | _____ |
| Unauthorized absence(s) | _____ | Lack of regular attendance | _____ |
| Dishonesty/Theft | _____ | Failure to follow established safe work practices | _____ |
| Alcohol or drug abuse | _____ | Failure to follow department/district policies and procedures | _____ |
| Failure to follow directives | _____ | Other: | _____ |
| Insubordination | _____ | _____ | _____ |
| Unsatisfactory Performance | _____ | _____ | _____ |

Supporting Evidence: _____

Recommendation/Corrective Measures: _____

Employee's Comments: _____

Note: Failure to correct problem may result in further disciplinary action, including termination of employment.

*I have received a copy of this form. I understand that my signature does not necessarily mean that I agree with the contents.

*Employee's Signature Date

Supervisor's Signature Date