

MUSCOGEE (CREEK) NATION DISCIPLINARY ACTION FORM



Employee			Employee #	
Title	Department			
Warning/Action Date				
You are hereby given notic record.	ee of the following o	disciplinary ac	tion, which is be	ing entered in your
FIRST/VERBAL WARNING	SECOND WARNING		THIRD/FINAL WARNING	
PROBATION	SUSPENSION	D	EMOTION	DISCHARGE
Probation/Suspension From		To	Retur	n Date
Demoted to	, Pay/Grade	, Salary	hr/ann	ual, effective date
Discharge Date	Reason for Discharge			
If employee is b	eing discharged, an EX	KIT INTERVIEW	FORM must also	be completed
Penalties Incurred by this Violation				
Plan for Improvement				
By signing this form, you confirm supervisor/manager have discusse that you agree with this warning. Employee Signature				does not necessarily indicate
Supervisor Signature			Date	
Manager Signature			Date	
Director/Secretary Signature			Date	
HR Manager Signature			Date	