

DISCIPLINARY ACTION FORM

Date of Action _____

Employee Information

Employee Name _____

Position _____ Department _____

Incident Information

Date/Time of Incident: _____ Location of Incident: _____

Description of Incident _____

Occurrence: 1st 2nd 3rd Other _____

Action Taken

Verbal Warning Written Warning

Employee was:

Reminded of policy Reminded of job duties Told to correct behavior

Given specific instructions for correction: _____

Date for Follow-Up _____

Employee was was not warned of possible future disciplinary action for failure to correct:

Nature of action:

Written warning Suspension without pay Employment termination

Employee Comments:

Acknowledgements

Supervisor Signature

Employee Signature

Date

Date