



EMPLOYEE DISCIPLINARY ACTION FORM

Employee Name: _____

Employee Title: _____

Supervisor Name: _____

Supervisor Title: _____

Issue Date: _____

Disciplinary Action Taken:

Verbal Warning

Written Warning

Suspension

Start Date: _____

End Date: _____

Termination

Effective Date: _____

Type of Violation: _____

Date of Violation: _____

Description of Violation:

Correction Plan to be Taken:

Consequences for Failure to Improve Performance or Correct Behavior:

Employee Statement:

Follow Up:

Two weeks One month Three months Other: _____

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

Employee Signature _____ Employee Name _____ Date _____

Supervisor Signature _____ Supervisor Name _____ Date _____

Witness Signature _____ Witness Name _____ Date _____

*Copies of this form and any attachments should be sent to the Employee.
The original documents should be sent to Human Resources for filing.*