



## **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:**

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**Correction Plan to be Taken:**

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**Consequences for Failure to Improve Performance or Correct Behavior:**

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**Employee Statement:**

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**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.

_____ <b>Employee Signature</b>	_____ <b>Employee Name</b>	_____ <b>Date</b>
_____ <b>Supervisor Signature</b>	_____ <b>Supervisor Name</b>	_____ <b>Date</b>
_____ <b>Witness Signature</b>	_____ <b>Witness Name</b>	_____ <b>Date</b>

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