

**DISCIPLINARY ACTION FORM**

 (Staff Employees)

**EMPLOYEE:**

**DEPARTMENT:**

**SUPERVISOR:**

**TYPE OF ACTION:**

 [ ] **Verbal Counseling**

 [ ] **Written Warning**

 [ ] **Suspension**

 [ ] **Termination**

**Description of the Incident(s) or Behavior(s) including date/time as applicable:**

**Supporting Evidence, if any (please describe and attach copies of any documentation):**

**Action Plan:**

**Next Action if Behavior Continues:**

**Follow up date(s):**

**Employee Comments:**

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 Date

Manager/Supervisor Signature Date

***Please forward original form to Human Resources. Copies may be retained by the employee and the supervisor.***