

DISCIPLINARY ACTION FORM
(Administrative/Staff/Student Employees)

EMPLOYEE: _____
DEPARTMENT: _____
SUPERVISOR: _____

ID Number: _____
POSITION: _____

TYPE OF ACTION:

- ☐ Verbal Warning (Dept. File Only)
☐ Written Warning
☐ Suspension: Begins: _____ Ends: _____
☐ Termination: Effective: _____
-

Date(s) of Incident: _____ Time of Incident: _____

Description of the Incident(s) or Behavior(s):

Reported by:

Other Individuals who may have information:

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

Employee's Comments:

Other Individuals who may have information:

Supporting Documentation, if any (please describe, attach copies of any documentation):

Corrective Action Plan:

Next Action Step if Problem Continues:
