



## DISCIPLINARY ACTION

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

YOU ARE HEREBY NOTIFIED OF DISCIPLINARY ACTION FOR JUST CAUSE AS EXPLAINED BELOW.

- |  |   |
|--|---|
| A. <input type="checkbox"/> Unsatisfactory Performance             | F. <input type="checkbox"/> Criminal Conviction   |
| B. <input type="checkbox"/> Negligent Destruction of City Property | G. <input type="checkbox"/> Insubordination       |
| C. <input type="checkbox"/> Failure to Report                      | H. <input type="checkbox"/> Inappropriate Conduct |
| D. <input type="checkbox"/> Excessive Absence/Tardiness            | I. <input type="checkbox"/> Other _____           |
| E. <input type="checkbox"/> Inability to Perform Duties            |   |

Check type of discipline and explain the disciplinary action below:

☐ Oral Warning

☐ Written Warning

☐ Reprimand

☐ Suspension

From:

Time:

To:

Time:

Total Scheduled Hours Suspended:

☐ Demotion

☐ Termination

Description:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Title

\_\_\_\_\_  
Department Head Signature

Please read the above description as it represents the reasons for the disciplinary action. You may appeal this action within fourteen (14) days in accordance with the Grievance Procedure as described in Section VI-A of the Employee Handbook for Non-Exempt Employees.

I have received and understand this action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

YOUR REFUSAL TO ACKNOWLEDGE RECEIPT OF THIS ACTION MAY BE CONSIDERED AS INSUBORDINATION AND MAY RESULT IN MORE SEVERE DISCIPLINARY ACTIONS.