

**LURLEEN B. WALLACE COMMUNITY COLLEGE
EMPLOYEE DISCIPLINARY ACTION FORM**

Employee: _____ Supervisor: _____

Employee's Title: _____ Date of Disciplinary Action: _____

Department: _____

SUPERVISOR STATEMENT

Describe the reason for disciplinary action and include the following information: date, time, and place of incident.

Date: Date Time: Time Location of Incident: Location

Description: _____

Supervisor's Signature: _____ Date: _____

EMPLOYEE STATEMENT

Describe your statement of facts concerning the cause for disciplinary action as described above.

Employee's Signature: _____ Date: _____

DISCIPLINARY ACTION

Recommend a disciplinary action to be taken.

Approved by: _____ Date: _____

SPO/Appropriate Dean/Vice President

Reviewed by: _____ Date: _____
Appropriate Dean/Vice President

Received by: _____ Date: _____
Human Resources

Approved by: _____ Date: _____
President

COPY DISTRIBUTION

☐ Chain of Command ☐ Personnel File ☐ Employee- Date Sent: _____

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