



## **DISCIPLINARY ACTION FORM**

EMPLOYEE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

ID Number: \_\_\_\_\_  
POSITION: \_\_\_\_\_

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### **TYPE OF ACTION:**

- ☐ Verbal Warning
- ☐ Written Warning
- ☐ Suspension (must be authorized by TA): Begins: \_\_\_\_\_ Ends: \_\_\_\_\_
- ☐ Termination (must be authorized by TA): Effective: \_\_\_\_\_

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Date(s) of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

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

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

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### **Employee's Comments:**

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### **Corrective Action Plan:**

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### **Next Action Step if Problem Continues:**

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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

*Copies of this form and any attachments should be sent to the Employee and kept in the Department.  
The originals should be sent to Human Resources.*