



Member Disciplinary Action Form 2018-2019 Program Year



AmeriCorps Member Name: _____ **Date of Action:** _____
Site Supervisor Name: _____ **Site:** _____

This disciplinary action was initiated by: ☐ ACCESS staff ☐ Site supervisor

Please choose one: ☐ 1st Offense ☐ 2nd Offense ☐ 3rd Offense ☐ 4th Offense

1. Please describe the issue/problem with the ACCESS member. *Please be specific. Attach additional sheets if needed.*

2. Please list initial and subsequent (if applicable) date(s) of incident(s).

3. Please complete the following in detail (you may attach additional pages as needed):

- a) Action taken to address concern: _____

- b) Plan for Improvement: _____

- c) Consequences for failure to adhere to improvement plan: _____

- d) Date for performance review follow-up: _____

4. Disciplinary Action: ☐ Verbal Warning ☐ Written Warning & Probation: *Duration:* _____
☐ Suspension: *Duration:* _____ ☐ Termination

Member Signature: _____ Date: _____
Site supervisor signature: _____ Date: _____
ACCESS staff signature: _____ Date: _____

Please sign and submit to the ACCESS Project Director as soon as possible, but no later than 5 business days, from the action date.



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For ACCESS Director Only

ACCESS Staff Recommendations/Follow Up: _____

ACCESS Director Signature: _____ Date: _____

Copies will be provided to the member and site supervisor.