



## SERVICE MEMBER DISCIPLINARY ACTION FORM

The Disciplinary Action Form is used to document the counseling of a FoodCorps service member. For cases of suspension or dismissal from a Service Site, the final decision to take such actions must be made in conjunction with FoodCorps, the Service Site and the State Partner (except when immediate suspension or dismissal is necessary to ensure the safety of others).

Please note that suspension or dismissal from a Service Site is not equal to suspension or termination of the Service Member Contract between FoodCorps and the service member. Only FoodCorps can suspend or terminate a service member from their FoodCorps contract and their AmeriCorps term of service.

**Site Supervisor**, please answer the questions below and discuss the contents with the service member during a set meeting time. Additional pages can be added to answer the questions thoroughly. Once completed, email a signed copy to the Service Member, the State Partner Supervisor, the Service Site and the FoodCorps Human Resources Coordinator ([mary.ancelmo@foodcorps.org](mailto:mary.ancelmo@foodcorps.org)).

**Name of Service Site:** \_\_\_\_\_

**Service Member Name:** \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Action Being Taken:

- ☐ **Verbal Warning** — FoodCorps Human Resources must be contacted immediately following a verbal warning being issued to a Service Member
- ☐ **Written Warning** — FoodCorps Human Resources must be contacted before a written warning being issued to a Service Member
- ☐ **Site Suspension** — FoodCorps Human Resources must be contacted before these actions are taken except when immediate suspension is necessary to ensure the safety of others.
- ☐ **Site Dismissal** — FoodCorps Human Resources must be contacted before these actions are taken except when immediate dismissal is necessary to ensure the safety of others.

3. Statement of FoodCorps, State Partner and/or Service Site policy on this subject:

4. Summary of corrective action to be taken (include dates for improvement and plans for follow-up):

5. Consequences of failure to improve performance or corrective behavior:

6. Service member comments:

Service Member Signature: \_\_\_\_\_

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

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

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

FoodCorps National Staff Signature: \_\_\_\_\_

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