



DISCIPLINARY ACTION FORM

Employee: _____ ID#: _____

Supervisor: _____

I. Corrective action to be taken:

Verbal Counseling Written Warning Disciplinary Suspension Final Warning

II. Type of Problem or Violation (select one or more)

Tardiness Attendance Insubordination Work Performance
Dress Code Safety Unprofessional Behavior Policy Violation
Other

If applicable, please list the Policy(s) violated:

III. Details of Incident (Attached additional sheet if necessary) Date of Occurrence:

IV. Has this or a similar infraction occurred before?

If yes, please provide the details below and attach prior disciplinary actions.

V. Recommendation for Improvement (if any):

Supervisor Signature: _____ Date: _____

VI. Employee Comments:

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations and I am signing this review prior to it being placed in my personnel file. I also understand the corrective actions to be taken by my supervisor and consequences if my improvement is unsatisfactory or I receive further disciplinary actions.

Employee Signature: _____ Date: _____