

Disciplinary Action

Sample Form For Record Keeping

EMPLOYEE NAME: _____

DEPARTMENT/AREA/JOB TITLE: _____

SUPERVISOR NAME: _____ TODAY'S DATE: _____

Verbal Warning Written Warning

SUSPENSION EFFECTIVE DATE: _____ TERMINATION EFFECTIVE DATE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

Description of incident: _____

Correction action plan: _____

Next action step if problem continues: _____

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.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

HUMAN RESOURCES: _____ DATE: _____