



**DISCIPLINARY ACTION FORM**

Revised 12/16/04

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DEPT. HEAD: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_ OTHER \_\_\_\_\_

UNION REPRESENTATIVE & AFFILIATION: \_\_\_\_\_  
\_\_\_\_\_

NATURE AND DATE OF INCIDENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS DISCIPLINARY ACTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continues violations may result in further disciplinary action up to and including discharge.

I have read this employee disciplinary action form and understand it.

\_\_\_\_\_  
Employee Signature

**DISCIPLINARY ACTION TAKEN:**

- Oral/Verbal Reprimand  Written Reprimand
- Suspension \_\_\_\_\_ days/dates: From: \_\_\_\_\_ To: \_\_\_\_\_  Discharge (Letter to follow)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

CC: Union Representative (If applicable)  
Dept. of Human Resources