

EMPLOYEE DISCIPLINE FORM

Employee: _____ Title: _____

Supervisor: _____ Title: _____

Type of Disciplinary Action

(Check only one)

_____	Counseling	_____	1 st Written Warning
_____	2 nd Written Warning	_____	3 rd Written Warning
_____	Termination		

Previous Disciplinary Action Issue

(List date(s) and Type issued only)

Date: _____ Type Issued: _____

Date: _____ Type Issued: _____

Date: _____ Type Issued: _____

Date: _____ Type Issued: _____

Explain Behavior or Performance

(List date(s) & approximate time(s). Explain who, what, why and where. Only facts)

Action Necessary to Correct Behavior or Performance

(List training needed or explain the correct type of behavior expected)

Explain Consequences of Future Behavior or Performance Issues

Employee Comments

Signatures

(Note to Employee: By signing this form it only indicates that you have been informed of the issue, not that you necessarily agree or disagree.)

Employee:	_____	Date:	_____
Supervisor:	_____	Date:	_____
Witness: (If Necessary)	_____	Date:	_____

Note: Provide a copy to the Employee and place the original in the Employee Personnel File.