

# Employee Discipline Form

Employee: \_\_\_\_\_

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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## Type of Disciplinary Action

(Check Only One)

\_\_\_\_\_ Counseling

\_\_\_\_\_ 1<sup>st</sup> Written Warning

\_\_\_\_\_ 2<sup>nd</sup> Written Warning

\_\_\_\_\_ Suspension – Number of Days \_\_\_\_\_

\_\_\_\_\_ Termination

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## Previous Disciplinary Action Issued

(List date(s) and type of discipline issued)

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

Type Issued: \_\_\_\_\_

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

Type Issued: \_\_\_\_\_

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

Type Issued: \_\_\_\_\_

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

Type Issued: \_\_\_\_\_

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

Type Issued: \_\_\_\_\_

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## Describe Reason for Disciplinary Action

(Describe the facts but the facts only – no feelings - and include any dates/times pertaining to this occurrence)

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**Action Necessary to Correct Behavior**

(Describe what the correct behavior or performance should be – Also list anything you are requiring the employee to complete, such as training.)

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**Explain Consequences of Future Behavior or Performance Issues**

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**Employee Comments**

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

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

(Only If Employee Refuses to Sign)

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