

Employee Discipline Form

Employee: _____

Title: _____

Supervisor: _____

Title: _____

Type of Disciplinary Action

(Check Only One)

_____ Counseling _____ 1st Written Warning _____ 2nd Written Warning

_____ Suspension – Number of Days _____ _____ Termination

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: _____

Describe Reason for Disciplinary Action

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

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.)

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: _____

Date: _____

(Only If Employee Refuses to Sign)

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