



Record of Employee Disciplinary Action

Employee Information

Employee Name:

Supervisor:

Job Title:

Department:

Verbal

Written

Suspension _____ Days

Termination of Employment

Details

Description of Issue

Include all relevant information (Date, Time, Policy Violation if applicable, etc.)

Previous Disciplinary Action (if relevant):

For:

Specific changes in performance or behavior required and the time frame in which they must occur:

Please note: Failure of employee to correct problem may result in further disciplinary action up to and including termination of employment.

Acknowledgement of Receipt of Warning

Your signature confirms that you understand the information in this warning. You are acknowledging: that your supervisor has discussed the warning with you; the specific changes that must occur; and the potential consequences if you fail to make the changes. Your signature is not an indication of agreement or disagreement of the issues outlined in this document.

Employee Signature:

Date:

Supervisor Signature:

Date:

Witness Signature (if employee refuses to sign):