



Disciplinary Action Form

Employee's Name:		RIN #:	
Department:		Job Title:	
Performance/Behavior/Attendance Infraction:			
Date(s) of Infraction:			
Details of Infraction (below):			

Has this or a similar infraction occurred before?	___ Yes ___ No (If yes, provide details previous disciplinary action below or attach documentation/previous disciplinary action form.)		
Performance Improvement Plan including timeframe (below):			

Recommended disciplinary action by Supervisor (below):		Recommended effective date of disciplinary action (below):	
___ Verbal Counseling ___ Written Warning/Reprimand ___ Final Warning ___ Disciplinary Suspension ___ Discharge			
Comments (below):			

Signature of Supervisor: _____		Date: _____	

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Recommended disciplinary action approved?	___ Yes ___ No
Division of Human Resources Signature of Approval: _____ Date: _____	

Please be advised that if you are involved in any further infraction of this nature, you may be subject to further disciplinary action up to and including termination of employment. My signature indicates that I have received a copy of this disciplinary action form and understand the reason for this corrective action. You may submit a written response to this disciplinary action. The response will be attached to this form. If you wish to file an appeal of this disciplinary action, refer to Human Resources Policy # 900.2, *Peer Review Appeal Process*.

Signature of Employee: _____ Date: _____

Original form must be returned to the Division of Human Resources after the employee and supervisor have signed the form. Please provide employee and immediate supervisor with a copy of the form signed by the Division of Human Resources.