

EMPLOYEE DISCIPLINE FORM

Date of Incident _____

Date of Action _____

Employee Name

Supervisor Name

RECOMMENDED ACTION:

___ VERBAL
 WARNING

___ WARNING

___ SUSPENSION

___ DISCHARGE

INCIDENT REGARDING:

___ Attendance ___ Inappropriate Behavior ___ Unsatisfactory Job Performance

___ Tardy/Early Out ___ Damage to Agency Property ___ Other

___ Violation of Program or Company Policies/Procedures

ADDITIONAL DESCRIPTION OF INCIDENT:

IMPROVEMENT DESIRED: (also indicate assistance to be provided):

Supervisor Signature

Employee Signature
(Acknowledges receipt only -
does not necessarily indicate agreement)

Program Director Signature

Witness (if applicable)

Executive Director Signature