



Office of HR Consulting and Labor Relations
600 N. Wolfe St., Phipps 481
Baltimore, MD 21287-1454
410-955-6783

DISCIPLINARY ACTION REPORT

Organization: _____ Health System _____ Hospital
Employee: _____ Bargaining Unit _____ Non-Bargaining Unit

Please print or type

Employee Name: _____ Position: _____

Supervisor: _____ Department: _____

Date of Incident: _____

Please list below any act or acts making discipline necessary, and the date(s) on which it (they) occurred. Attach supportive material, if necessary.

Date Action Taken:

_____ Counseling (*employee signature not needed*)
_____ Written Reprimand – **active for one year**
_____ Written Warning with Decision Making Leave – **active for one year**
_____ Investigation Pending Time Off – Discharge

To the employee: Further incidents of this nature will result in the following actions:

I have read and understand the above disciplinary action. **NOTE:** *Employee signature not needed for counseling.*

Employee Signature: _____ Date: _____

Issued By: _____ Date: _____

Supervisor's Signature

Supervisor's Job Title

Witness Signature: _____

To the supervisor: As soon as possible after the incident, complete this form and issue to the employee. Fax a copy to HR Consulting and Labor Relations at x4-8282 or hand deliver to Phipps 481 **IMMEDIATELY**.