



**DISCIPLINARY ACTION FORM**

EMPLOYEE: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

---

**TYPE OF ACTION:**

Verbal Counseling (Dept File Only)

Written Warning

Suspension: From \_\_\_\_\_ To: \_\_\_\_\_

Termination: Effective \_\_\_\_\_

---

Date(s) of Incident \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Incident: Description:

---

---

---

---

Corrective Action Plan:

---

---

---

---

Next Action Step If Problem Continues:

---

---

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date