

Record Of Disciplinary Action

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|---------------|-------------------|
| Employee Name | Employee Title |
| Manager Name | Manager Title |
| Today's Date | Incident Date |
| Incident Time | Incident Location |

Description of the incident that occurred:

Witnesses to the incident (if applicable):

Names of those in attendance at current disciplinary action meeting:

Corrective or disciplinary action to be taken:

Verbal Written Probation Suspension Other (explain below)

(If on probation, period begins _____ and ends _____.)

Goals to be Achieved:

Consequences for failure to improve performance or correct behavior:

Prior discussions or warnings on this subject, whether oral or written:

Employee statement:

I acknowledge that I have read and understand the above information and consequences.

Employee Signature

Date

Supervisor Signature

Date