TYPE OF DISCIPLINE *(check one)*

- ☐ Coaching/Re-Education
- ☐ Verbal
- ☐ Written #1
- ☐ Final Written
- ☐ Suspension
- ☐ Termination

DISCIPLINARY REPORT FORM

Employee Name _____ Title/Position _____ Date _____

INCIDENT DESCRIPTION

EXPECTED CHANGES

ACTION TO BE TAKEN

Failure to follow the expected changes and make required changes as indicated above will result in further disciplinary action up to and including termination.

My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appear this report by filing a grievance.

Employee Signature _____ Date _____

Department Supervisor _____ Date _____

Administrator/Director _____ Date _____

A COPY OF THIS NOTICE IS BEING PLACED IN YOUR PERSONNEL FILE