

UNIVERSITY OF COLORADO DISCIPLINARY ACTION FORM

This form is intended to document disciplinary actions as part of said employee's permanent record.

Employee Name: _____ *Employee's Job Title:* _____

Department Name: _____ *Supervisor's Name:* _____

DESCRIPTION OF VIOLATION(S)

The following violation(s) has/have been found in reference to the above-named employee:

DESCRIBE SPECIFIC VIOLATION(S) BELOW:

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ADDITIONAL ISSUES:

CONSEQUENCES

Supervisor Instructions-Document consequences of violation(s) described above as well as disciplinary measures to be taken on future occurrences of said violation(s).

In light of these violations, the above-named employee will be terminated effective immediately.

SUPERVISOR CERTIFICATION SIGNATURE:

_____ I hereby acknowledge that I have spoken with the above-named employee regarding the violation(s) outlined above, and further, that I have advised the employee of said violation(s) and further acknowledge that the employee has been warned through the use of this form.
Action—1) obtain employee's signature on this form; 2) retain a copy of this form for the employee's permanent record; 3) give a copy of the form to the employee.

_____ I hereby acknowledge that I have spoken with the above-named employee regarding the violation(s) outlined above, and the employee has been notified he/she is being terminated immediately.
Actions—1) notify employee through the use of this form that his/her employment is being terminated immediately; 2) obtain keys and other office property from said employee before dismissal.

Supervisor Name: _____ Date: _____

Signature: _____

EMPLOYEE CERTIFICATION SIGNATURE:

I hereby acknowledge that I have been advised of above-mentioned violation(s) through the use of this form. I further acknowledge that I have been informed of any disciplinary actions to be taken. I understand that these violations have resulted in termination of my employment.

Employee Name: _____ Date: _____

Signature: _____