Disciplinary Action Form

This form is intended to document disciplinary actions as part of the 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:**

**DISCIPLINARY ACTION FORM**

**RE:**

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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).

IF APPLICABLE: 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. [IF APPLICABLE: I understand that these violations have resulted in termination of my employment.]

Employee Name: Date:

Signature: