

# DISCIPLINARY ACTION FORM

Name:

Position:

Supervisor:

Date:

Type of Action:

- Written Warning
- 1 Day Suspension
- 3 Day Suspension

- Termination
- Other

Reason for Action:

Has this occurrence or a similar occurrence happened in the last 12 months:

Yes    No

Expected Improvement and/or standard for the future:

Next action taken if employee does not comply:

Supervisor's comments:

Employee's comments

President/CEO comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO Signature

\_\_\_\_\_  
Date