

## Record of Disciplinary Action

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

Description of the incident that occurred:

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Witnesses to the incident (if applicable):

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Names of those in attendance at current disciplinary action meeting:

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Corrective or disciplinary action to be taken:

- Verbal   
  Written   
  Probation   
  Suspension   
  Other (explain below)

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(If on probation, period begins \_\_\_\_\_ and ends \_\_\_\_\_.)

Goals to be Achieved:

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Consequences for failure to improve performance or correct behavior:

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

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Employee statement:

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

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Employee Signature

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Date



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Supervisor Signature

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Date

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