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:	
Witnesses to the incident (if applicable):	
Names of those in attendance at current discipli	inary action meeting:
Corrective or disciplinary action to be taken:	
□ Verbal □ Written □ Probation □ Suspe	ension Other (explain below)

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/If an analystical province	and and	
(If on probation, period begins	and ends	·)
Goals to be Achieved:		
Consequences for failure to improve perfor	mance or correct behavior:	
·		
Prior discussions or warnings on this subject	t, whether oral or written:	
Employee statement:		
I acknowledge that I have read and underst	and the above information and co	onsequences.
Employee Signature	Date	
Supervisor Signature	Date	

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