**DISCIPLINARY ACTION FORM**

Name of Employee: ___________________________________________  ID#: ________________________

**I. Disciplinary Action**

- [ ] Tardiness
- [ ] Absenteeism
- [ ] Insubordination
- [ ] Work Performance
- [ ] Dress Code
- [ ] Safety
- [ ] Substance Abuse
- [ ] Policy Violation
- [ ] Other ___________________________________________________________

If applicable, please list the Washington College Conduct Policy(s) violated:

_____________________________________________________________________________________________

**II. Details of Occurrence** (Attached additional sheet if necessary)  Date of Occurrence: ________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

**III. Has this or a similar infraction occurred before?**

- [ ] No  [ ] Yes  If yes, please provide the details below and attach prior disciplinary actions.

  First Occurrence  Date: ________________________  Action Taken: ___________________________________

  Second Occurrence  Date: ________________________  Action Taken: ___________________________________

  Third Occurrence  Date: ________________________  Action Taken: ___________________________________

**IV. Corrective action to be taken:**

- [ ] Verbal Counseling  [ ] Written Warning  [ ] Disciplinary Suspension  [ ] Final Warning

- [ ] Counseling with Human Resources  [ ] Termination  Termination Date: ________________________

**V. Expected Improvement:**

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Consequence for unsatisfactory improvement and/or further disciplinary actions:

- [ ] Verbal Counseling  [ ] Written Warning  [ ] Disciplinary Suspension  [ ] Final Warning  [ ] Termination

Supervisor Signature: ________________________  Date: ________________________

**VI. Employee Statement:**

_____________________________________________________________________________________________

_____________________________________________________________________________________________

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations and I am signing this review prior to it being placed in my personnel file. I also understand the corrective actions to be taken by my supervisor and consequences if my improvement is unsatisfactory or I receive further disciplinary actions.

Employee Signature: ________________________  Date: ________________________