

DISCIPLINARY ACTION FORM

Name of Employee: _____ ID#: _____

I. Disciplinary Action

- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Work Performance |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Safety | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Policy Violation |
| <input type="checkbox"/> 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:

- | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Verbal Counseling | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Disciplinary Suspension | <input type="checkbox"/> Final Warning |
| <input type="checkbox"/> Counseling with Human Resources | <input type="checkbox"/> Termination Termination Date: _____ | | |

V. Expected Improvement: _____

Consequence for unsatisfactory improvement and/or further disciplinary actions:

- | | | | | |
|--------------------------------------------|------------------------------------------|--------------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Verbal Counseling | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Disciplinary Suspension | <input type="checkbox"/> Final Warning | <input type="checkbox"/> 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: _____