

Disciplinary Action Report

Employee Name:

Job Title:

Date(s) of Offense:

Department:

Progressive Discipline Level:

Verbal Warning

Written Warning

Suspension Without Pay

Additional disciplinary action up to and
including termination of employment may be
taken if the employee fails to make immediate
and sustained corrective improvements.Start Date:
End Date:
Return to Work:

Details of Suspension: Start Date: End Date: Return to Work:

Incident Description and Supporting Details:

Actions Necessary to Bring About Improvement: (List expectations with any specific directions or training that may be applicable):

Employee Acknowledgment: I have received a copy of this notification. It has been explained to me, and I have been advised to take time to read it before I sign. My signature acknowledges receipt of document, but not necessarily agreement with the statement made in it.

Employee (signature):	Date:
Manager (signature):	 Date:
HR Director (signature):	Date:

Copy: Employee Original: Personnel File