

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 disciplinary action meeting:

Corrective or disciplinary action to be taken:

Verbal Written Probation Suspension Other (explain below)

(If on probation, period begins _____ and ends _____.)

Goals to be Achieved:

Consequences for failure to improve performance or correct behavior:

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

Employee statement:

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

Employee Signature

Date

Supervisor Signature

Date