

## Disciplinary Action Recordkeeping Form

Employee Name		Department / Area / Job Title	
Supervisor Name		Today's Date	
<b>CIRCLE TYPE OF ACTION:</b>			
Verbal Warning	Written Warning	Suspension Effective Date: _____	Termination Effective Date: _____
Date of Incident		Time of Incident	
Description of Incident			
Corrective Action Plan:			
Next Action Step if Problem Continues:			

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me.

I understand that my signature does not necessarily indicate agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_