DEPARTMENT OF FINANCE AND ADMINISTRATION

Human Resources
Notice of Disciplinary Action Form

Name of Employee *(Last, First, MI)*		Date
Office Name		
Personnel Number	Business Area	Personnel Area
Name of Supervisor/Manager		Phone number
Title of Violated Policy/Employee Handbook Section		

ACTION TAKEN

- ☐ Verbal Warning
- ☐ Written Warning
- ☐ Suspension
- ☐ Termination

Reason for Disciplinary Action
Date(s) of Incident(s)
Consequence(s) for next Incident **Additional disciplinary action may be applied up to and including termination.**

My signature below acknowledges receipt of this Disciplinary Action and does not indicate that I agree with this action.

Employee's Signature	Date
Supervisor's Signature	Date