



Human Resources

Notice of Disciplinary Action Form

Name of Employee ( <i>Last, First, MI</i> )		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 (requires 3 days unpaid leave for non-exempt)  
(requires 5 days unpaid leave for exempt)
- Termination

Reason for Disciplinary Action
Date(s) of Incident(s)
Consequence(s) for next Incident

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