

DISCIPLINARY ACTION REPORT

Date _____ Department _____

Employee Name _____ Position _____

Supervisor _____ Title _____

Type of Warning _____ Verbal _____ Written _____

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1. The following standard of performance has not been met by the employee:

 2. The standard of performance has not been met by the employee as evidenced by:

 3. This standard of performance is necessary to the organization because:

 4. Previous warnings:

 5. The plan of action for the employee to meet this standard of performance is:

 6. The consequence of not meeting this standard of performance by the review date will be:

REVIEW DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

ADMINISTRATIVE SIGNATURE _____ DATE _____