

**DISCIPLINARY ACTION FORM**

Date: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Check appropriate deficiencies:

- |   |  |
|---|--|
| <input type="checkbox"/> Absence                                    | <input type="checkbox"/> Tardiness                   |
| <input type="checkbox"/> Leaving work without permission            | <input type="checkbox"/> Abuse of breaks time        |
| <input type="checkbox"/> Insubordination                            | <input type="checkbox"/> Conflict with other workers |
| <input type="checkbox"/> Not enough work being accomplished         | <input type="checkbox"/> Work unsatisfactory         |
| <input type="checkbox"/> Poor work due to neglect                   | <input type="checkbox"/> Violation of safety rules   |
| <input type="checkbox"/> Failing to secure the building             |  |
| <input type="checkbox"/> Not following district policies/procedures | <input type="checkbox"/> Other                       |

Has this issue been discussed with the employee previously?  Yes  No

Statement of Problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the employee required to do? State the specific action, including any intermediate levels of accomplishment and method of measurement.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the time frame and deadline for change? \_\_\_\_\_  
Establish review date: \_\_\_\_\_

Signature: This is to certify that I have read and discussed the above report

_____	_____	_____	_____
Employee	Date	Supervisor	Date

What steps will be taken if expected results are not achieved:  
 Suspension (Without Pay) \_\_\_\_\_  
 Termination \_\_\_\_\_  
 Other \_\_\_\_\_