

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
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What steps will be taken if expected results are not achieved:

- ☐ Suspension (Without Pay) _____
☐ Termination _____
☐ Other _____