

DISCIPLINARY ACTION FORM



EMPLOYEE NAME/TITLE	DATE
SUPERVISOR OR MANAGER NAME/TITLE:	DATE

1. Describe the workplace performance issue or incident (add additional sheets if necessary, attach backup documentation if necessary):

2. Names of all witnesses or persons with personal knowledge of the issue:

3. Names all persons in attendance at current counseling meeting:

4. Corrective or disciplinary action to be taken Effective Date

- Oral Warning Written Warning Suspension Without Pay
 Final Warning Discharge Other (explain below)

Suspension period begins on

and ends on



5. Performance Improvement Plan—actions to be taken to change performance levels or workplace behavior and goals to be achieved:

6. Progress reporting schedule:

7. Possible consequences for failure to improve performance or correct behavior:

8. Employee comments:

9. I acknowledge the following:

- I have read and understand the above information and consequences;
- I have received a copy of this form;
- My signature does not indicate agreement with any conclusions determined regarding the facts of this matter; and
- **I am employed at will, and no Personal Improvement Plan or other alternative action by my employer related to this matter modifies my at-will employment status.**

Employee's Signature:

Date:

Supervisor or Manager Signature:

Date:

Copies to:

Employee

Personnel File