EMPLOYEE INFORMATION			
EMPLOYEE NAME:	DATE:		
JOB TITLE:			
EMPLOYEE INFRACTION			
TARDINESS			
ABSENTEEISM			
INSUBORDINATION			
MISCONDUCT			
POOR PERFORMANCE			
HEALTH AND SAFETY VIOLATION			
AGENCY POLICY VIOLATION			
OTHER			
DISCIPLINARY ACTION			
☐ VERBAL WARNING			
WRITTEN WARNING			
MODIFIED DUTY (terms required below)			
SUSPENSION FROM DAYS FROM	_то		
SUSPENSION PENDING INVESTIGATION			
FINAL WARNING			
☐ TERMINATION			

TERMS OF DISCIPLINARY AC	CTION (include employee restrictio	ns and/or guidelines, if any)
	counseling, understand that I havis infraction may result in termin	•
EMPLOYEE STATEMENT ((optional)	
Employee's Name (Print)	Employee's Signature	Date
Supervisor's Signature	Supervisor's Title	