



DISCIPLINARY ACTION FORM

Employee Name _____ Date _____

Job Title _____ Supervisor _____

Level of Corrective Action

- Verbal Warning/Counseling
- Written Warning
- Suspension
- Probation

PROBLEM: _____

OBJECTIVES: _____

SOLUTION(S): _____

COMMENTS: _____

Re-evaluation meeting scheduled for _____

Employee's signature _____ Date: _____

Supervisor's signature _____ Date: _____

A copy of this corrective action will be placed in your personnel file for reference, which may affect your Performance Review.

RETURN TO HR DEPARTMENT