

## EMPLOYEE NOTICE OF DISCIPLINE

Employee	Work Location	Date of Discipline Action Given
Employee ID #	Date of Occurrence	Supervisor Issuing Action

### Violations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Vile, Foul or Abusive Language      | <input type="checkbox"/> Violation of District Policy:<br>(indicate policy) |
| <input type="checkbox"/> Unauthorized Absence   | <input type="checkbox"/> Safety/Carelessness                 |   |
| <input type="checkbox"/> Tardiness              | <input type="checkbox"/> Willful Damage to District Property |   |
| <input type="checkbox"/> Insubordination        | <input type="checkbox"/> Harassment                          |   |
| <input type="checkbox"/> Conduct                | <input type="checkbox"/> Falsification of Documentation      |   |
| <input type="checkbox"/> Endangerment to others | <input type="checkbox"/> Other                               |   |

### Violation Statement (attach any supporting documentation)

Date of Violation: \_\_\_\_\_

Place of Violation: \_\_\_\_\_

Statement of Voilation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Supervisor Issuing Action	Date	Position
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### Disciplinary Action

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Oral Reprimand                   | <input type="checkbox"/> Written Reprimand | <input type="checkbox"/> Sent Home w/out Pay        |
| <input type="checkbox"/> Suspension with out pay ___ days |  | <input type="checkbox"/> Administrative Leave w/Pay |
| <input type="checkbox"/> Recommendation for Termination   |  |   |

### Corrective Actions to be Taken

Corrective Actions/Timeframe: \_\_\_\_\_

\_\_\_\_\_

I have read this Notice of Discipline and understand it. (Employee needs to sign each page of supporting documentation also to verify they have been made aware of that)

Employee refused to sign this form and all attached documentation

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

The above disciplinary action has been noted and this form will be made part of the above employee's permanent file, as of this date.

Director of Operations	Date	Human Resources	Date
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Strive to provide disciplinary action to be positive and corrective in nature, whenever possible. The severity of the discipline administered shall be no greater than necessary to achieve the desired result.

Types of disciplinary action:

**Oral Reprimand** – An oral discussion with the employee during which the supervisor, program coordinator, or director notifies him/her of the nature of the violation, the corrective action necessary, and the consequences of future violations, and obtains the employee’s commitment to corrective action. An oral reprimand is to be documented.

**Written Reprimand** – A written reprimand is written notification to the employee concerning unacceptable performance or conduct, the corrective action necessary, the consequences of failure to bring about corrective action. This is usually the second step for a minor violation.

**Suspension** – Suspension is a written notice given by the Program Coordinator/Director to the employee suspending him/her for up to three days per infraction without pay. This is usually the third step involving a minor infraction, the second step for a more serious offense, and the first step for an even more serious offense.

**Sent Home without Pay** – A supervisor has the ability to send an employee home immediately without pay for the remaining shift due to inappropriate actions.

**Termination** – Termination is taken by the Program Coordinator/Director with board approval to terminate an employee’s employment with the district. A recommendation for termination is usually the fourth step involving offenses of a minor nature, the third or second step in more serious offenses, and the first step in flagrant violations.



# EMPLOYEE WRITTEN WARNING

Employee	Work Location	Date of Discipline Action Given
Employee ID #	Date of Occurrence	Supervisor Issuing Action

This shall serve as a written warning for above employee.

Statement of Violation(s):

Corrective Actions needed to take place by employee:

Amount of time allowed for improvement:

- I understand the above violations and have discussed them with my supervisor/program coordinator/director and agree to take steps to meet the corrective actions in a timely manner.
- Employee refused to sign this form and all attached documentation

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_