

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