



Disciplinary Report of Conference

The purpose of this form is to document disciplinary actions. This form will be filed in the employee's personnel record. It will be removed if no further disciplines have occurred within a 12-month period from the date of this infraction.

Employee Information:

Employee Name: _____ SS#: _____

Job Title: _____ Dept: _____ Ext: _____ Hm #: _____

Supervisor: _____ Ext. _____

Discipline Information: (to be completed by supervisor or appropriate authority)

I. Date and time of current infraction: _____

II. Description of Infraction: Provide specific and detailed information of the circumstances surrounding the infraction. Attach additional sheets if necessary:

III. Witnesses or others involved in the incident:
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

IV. Employee may attach comments to this form within 15 days of receipt of discipline information.

Discipline Record: List dates, level and reason for any disciplines, including oral warnings, on record.

Date: _____ Level: _____ Reason: _____

Date: _____ Level: _____ Reason: _____

Date: _____ Level: _____ Reason: _____

Recommended Level of Discipline:

1. Oral Warning: (for department records only) _____

2. Written Warning: _____

3. Suspension* from (date to start) _____ to (date return to work) _____

4. Suspension pending termination* : (date) _____
 (*must be reviewed by HR)

Signatures:

Supervisor: _____ Date: _____

Employee: _____ Date: _____
(signature indicates receipt of information and does not indicate agreement)

HR is available to consult with supervisors in advance of any formal discipline action. Review and approval by HR is required of all suspensions and terminations.

___ Approval ___ Disallowed ___ Reduced Comments: _____

Human Resources: _____ Date: _____