

**This form must be signed by the  
Human Resources Director  
BEFORE administering.**



# Disciplinary Action Form

Employee Name (Last, First):	Employee #:
Department:	Position:

<b>NOTICE TO EMPLOYEE</b>		
<b>You are hereby notified of the following disciplinary action:</b>		
<b>Reprimand</b>	<b>Suspension</b> Days/hours: Date(s) and time(s) to be served:	<b>Dismissal</b> Effective Date:

Other (please provide details):

Date(s) Violation Occurred:

Rule(s) or Regulation(s) Violated:

**Details of Violation (Specific):**

**CORRECTIVE ACTION TO BE TAKEN BY EMPLOYEE :**

**This Disciplinary Action is not valid unless reviewed and signed by the Human Resources Director PRIOR to being administered to the employee.**

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
Immediate Supervisor

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director

Acknowledgment of Employee: I hereby acknowledge receipt of this notice.  
I do  do not  wish to submit written comments of my own about this matter.

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

Witness Signature: \_\_\_\_\_  
Witness Name

**Right to Grieve:** Regular full-time non-represented employees (excluding Directors and probationary employees) have the right to appeal most disciplinary actions. Employees represented by a collective bargaining agent should follow the process outlined in the collective bargaining agreement. Employees terminated for cause are not eligible for this internal process.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources & Risk Management Director or Designee