

DISCIPLINARY ACTION

Employee Name: Site:

EXPLANATION OF INCIDENT

POLICY VIOLATED (Please indicate the section in the box provided)

- Employee Conduct
- Recruitment and Employment
- Consumer Care and Rights
- Compensation
- Employee Benefits
- Absence from Work
- Facilities and Equipment
- Miscellaneous

Section:

PREVIOUS DISCIPLINE RECEIVED

YES NO

ACTION TAKEN

Counseling Verbal Written Suspension Discharge Corrective Action Plan

EMPLOYEE COMMENTS

NOTE: As an At-Will Employer, we do not have a progressive disciplinary process; any policy violation will result in discipline up to and including discharge.

Employee Signature: _____ Date

Supervisor/Program Mgr./ Coordinator Signature _____ Date

Director/Operations Officer/Admin. Signature _____ Date

HR Signature _____ Date