# Description: http://www.washcoll.edu/wc/offices/collegerelations/images/officialgraphics_washcoll_logo.jpgOffice of Human Resources

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**DISCIPLINARY ACTION FORM**

# Name of Employee: ID#:

## Disciplinary Action

|  |  |  |  |
| --- | --- | --- | --- |
|  Tardiness |  Absenteeism |  Insubordination |  Work Performance |
|  Dress Code |  Safety |  Substance Abuse |  Policy Violation |

 Other If applicable, please list the Washington College Conduct Policy(s) violated:

1. **Details of Occurrence** (Attached additional sheet if necessary) Date of Occurrence:

## Has this or a similar infraction occurred before?

 No Yes If yes, please provide the details below and attach prior disciplinary actions.

First Occurrence Date: Action Taken: Second Occurrence Date: Action Taken: Third Occurrence Date: Action Taken:

## Corrective action to be taken:

 Verbal Counseling  Written Warning  Disciplinary Suspension  Final Warning

 Counseling with Human Resources  Termination Termination Date:

## Expected Improvement:

Consequence for unsatisfactory improvement and/or further disciplinary actions:

 Verbal Counseling  Written Warning  Disciplinary Suspension  Final Warning  Termination

Supervisor Signature: Date:

## Employee Statement:

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations and I am singing this review prior to it being placed in my personnel file. I also understand the corrective actions to be taken by my supervisor and consequences if my improvement is unsatisfactory or I receive further disciplinary actions.

Employee Signature: Date: