

CITY OF HAINES CITY EMPLOYEE DISCIPLINARY ACTION FORM

EMPLOYEE NAME: _____ DEPARTMENT: _____
JOB TITLE: _____ SUPERVISOR: _____
DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

NATURE OF INCIDENT

MISCONDUCT ON THE JOB MISCONDUCT OFF THE JOB INEFFICIENCY

EXPLAIN SPECIFIC INCIDENT: _____
(ADD PAGE IF NECESSARY) _____

PLAN FOR IMPROVEMENT: _____
(ADD PAGE IF NECESSARY) _____

CONSEQUENCES OF FURTHER INCIDENTS: _____
(ADD PAGE IF NECESSARY) _____

DISCIPLINARY ACTION TAKEN

VERBAL WARNING: SUSPENSION: ADMINISTRATIVE LEAVE:
WRITTEN WARNING: **RECOMMENDATION FOR TERMINATION:** (See attached Memo)

EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT

By signing this form you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning. ANY ADDITIONAL VIOLATIONS MAY RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

EMPLOYEE SIGNATURE _____ DATE _____
SUPERVISOR SIGNATURE _____ DATE _____
DEPARTMENT HEAD SIGNATURE _____ DATE _____

HUMAN RESOURCES SIGNATURE _____ DATE _____