



**IMPERIAL VALLEY COLLEGE
DISCIPLINARY ACTION FORM**

A. DATE:_____ B. TIME:_____

C. NAME OF EMPLOYEE:_____

D. TITLE:_____ E. DEPT:_____

F. TYPE OF DISCIPLINARY ACTION:

1. VERBAL WARNING_____

2. WRITTEN REPREMAND_____

3. SUSPENSION_____

4. DEMOTION_____

5. DISMISSAL_____

G. EXPLANATION OF PREVIOUS RELEVANT DISCUSSIONS AND OR DISCIPLINE (IF APPROPRIATE):

H. DESCRIPTION OF SPECIFIC EMPLOYEE BEHAVIOR/ACTION(S) THAT CAUSED THE VERBAL WARNING/WRITTEN REPRIMAND, AND THE RULE OR REGULATION VIOLATED (INCLUDE DATES):

I. DESCRIPTION OF SPECIFIC ACTION TO BE TAKEN BY EMPLOYEE TO CORRECT HIS/HER INAPPROPRIATE BEHAVIOR/ACTION(S):



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- J. DESCRIPTION OF IMMEDIATE AND/OR FUTURE ACTION THAT WILL BE TAKEN BY SUPERVISOR IF THE EMPLOYEE FAILS TO CORRECT HIS/HER INAPPROPRIATE BEHAVIOR/ACTION(S):

- K. RIGHT TO HEARING/ACKNOWLEDGMENT OF RECEIPT:

An employee who has been disciplined has the right to a hearing on the charges. The employee also has the right to have representation at the hearing. If you desire to request a hearing you must submit a **Request for Hearing of Disciplinary Action** in writing to the Associate Dean of Human Resources within **ten (10)** working days after service of this notice.

I have been informed of the charges against me and of my right to request a hearing on this disciplinary action. I acknowledge receipt of a Request for Hearing of Discipline Action form.

Employee Signature:_____ DATE:_____

EMPLOYEE WAIVED RIGHT TO REPRESENTATION

UNION REPRESENTATION WAS PRESENT

Union Rep Signature:_____ TITLE:_____

- L. DISCIPLINARY ACTION FORM ISSUED BY:

Supervisor/Director/Dean:_____ DATE:_____

Vice President/President:_____ DATE:_____

Original: Human Resources
Copy: Employee