WASHINGTON COLLEGE
EST. 1782

Office of Human Resources
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DISCIPLINARY ACTION FORM

Name of Employee: _____ ID#:_____

I. 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:

_____

II. Details of Occurrence (Attached additional sheet if necessary) Date of Occurrence:_____

_____

_____

_____

III. 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:_____

IV. Corrective action to be taken:

☐ Verbal Counseling ☐ Written Warning ☐ Disciplinary Suspension ☐ Final Warning

☐ Counseling with Human Resources ☐ Termination Termination Date:_____

V. Expected Improvement:_____

_____

_____

Consequence for unsatisfactory improvement and/or further disciplinary actions:

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

Supervisor Signature:_____ Date:_____

VI. Employee Statement:_____

_____

_____

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations and I am signing 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:_____