

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 _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

DEPARTMENT HEAD SIGNATURE _____ DATE _____

White- Personnel File

Yellow- Department Copy

Pink - Employee Copy