

Troy University

Employee Disciplinary Notice

Name: _____ Department: _____ Date of Notice: _____

Date of Occurrence: _____

ACTION TAKEN:

<input type="checkbox"/> VERBAL WARNING	<input type="checkbox"/> SUSPENSION _____ DAYS
<input type="checkbox"/> WRITTEN WARNING	FROM _____ TO _____

Nature of Violation (Check and give details under summary of violation)

- | | |
|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Violation of University Policy | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Smoking in unauthorized areas | <input type="checkbox"/> Leaving work without authorization |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Poor performance |
| <input type="checkbox"/> Unauthorized use of equipment, materials | <input type="checkbox"/> Insubordination |
| | <input type="checkbox"/> Falsification of records |
| | <input type="checkbox"/> Other _____ |

Summary of violation:

Goals/Corrective behavior:

Consequences of failure to improve performance or corrective behavior:

Employee Comments:

The above has been discussed with me by my supervisor. I understand the contents and acknowledge and understand the corrective action required. I also acknowledge and understand the potential consequences of non-compliance.

Employee _____

Date _____

Supervisor _____

Date _____