



EMPLOYEE ACTION FORM

EMPLOYEE'S NAME: _____

DEPT: _____

REASON FOR ACTION: Check all that apply

- Inappropriate Work behavior
- Refusal to Perform Assigned Work
- Insubordination
- Fail/Refuse Drug Test
- Failure to comply with safety policy
- Other: _____
- Excessive Absence or Lateness
- Violation of Department Rules
- Failure to perform work in accordance with Department standards or expectations

DESCRIPTION OF INCIDENT - Provide in a complete but concise manner, relevant information regarding employee's actions, or behaviors displayed. (Attach sheet if needed).

Non-Disciplinary Action

- Paid Administrative Leave
- Counseling/Re-education
- Written Reminder of policy or procedure
- Other: _____

Disciplinary Action

- Verbal Warning
- Written Warning/Reprimand
- Unpaid Suspension _____ Days
- Other: _____

Employee prior disciplinary action/notice (within last 2 years)

CORRECTIVE ACTION TO BE TAKEN: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

CITY REPRESENTATIVE SIGNATURE _____

DATE: _____

This document shall serve as a Written Record to the Employee regarding the described conduct. The employee is advised that further violations of rules, regulations or policies may result in further discipline, up to and including suspension from work and/or termination of employment.

- Copy to Union
- Union representation waived by employee
- Union representative not required
- Union Representative present
- Employee met with Supervisor - Date: _____
- Employee offered EAP
- HR copy
- File