



Coastal Community Care

DISCIPLINARY ACTION FORM

Name of Employee:

I. Disciplinary Action

- Tardiness Absenteeism Insubordination Work performance
- Dress Code Safety Substance Policy Violation
- Other _____

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	Date: _____	Action	Taken: _____
Second	Date: _____	Action	Taken: _____
Occurrence			
Third	Date: _____	Action	Taken: _____
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IV. Corrective action to be taken:

- Verbal Counseling Written Warning Disciplinary Suspension Final Warning
- Counseling with Human Resources Termination Date: _____

V. Action details: _____

Supervisor Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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