Notification of Disciplinary Action

Date: _____

Employee Name: _____ I.D. Number: _____
Last First Middle

Department: _____ Division: _____

Type of Action:
- ☐ Written Reprimand
- ☐ Probation
- ☐ Suspension
- ☐ Demotion
- ☐ Termination

Reason for Disciplinary Action: _____
_____
_____
_____
_____

Corrective Action Expected of Affected Employee and Date for Compliance: _____
_____
_____
_____
_____

Date for Follow-up Meeting: _____

Comments from Affected Employee: _____
_____
_____
_____
_____

_____ _____
Supervisor's Signature Date Director's Signature Date

Employee's signature indicates he/she received Notification of Disciplinary Action and is not intended to show employee's agreement with the action taken.

_____ _____
Employee's Signature Date City Manager's Signature Date