

## **APPENDIX B**

### **DISCIPLINARY FORMS**

- A. Verbal Reprimand**
- B. Written Reprimand**
- C. Disciplinary Action**
- D. Pending Criminal Charges**

DISCIPLINARY FORM A  
VERBAL REPRIMAND

Employee Name \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Date Violation of Standard of Conduct Occurred \_\_\_\_\_

Description of Violation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Discussed with Employee: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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Reviewed by Human Resource Manager

Signature \_\_\_\_\_ Date \_\_\_\_\_

DISCIPLINARY FORM B  
WRITTEN REPRIMAND

Employee Name \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_

Date Violation of Standard of Conduct Occurred \_\_\_\_\_

Description of Violation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Discussed with Employee: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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Employee Statement: (Please Check One)

\_\_\_\_\_ I agree with my Supervisor's statement

\_\_\_\_\_ I disagree with my Supervisor's statement for the reason(s) given below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Reviewed by Human Resource Manager

Signature \_\_\_\_\_ Date \_\_\_\_\_



Disciplinary Measure Recommended by Human Resource Manager: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Employee Notified of Right to Hearing \_\_\_\_\_

Hearing Waived \_\_\_\_\_

Date of Hearing \_\_\_\_\_

\_\_\_\_\_ Recommendation of Disciplinary Measure Stands

\_\_\_\_\_ Recommendation Changed to \_\_\_\_\_ for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Human Resource Manager \_\_\_\_\_ Date \_\_\_\_\_

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Date Reviewed by County Administrator \_\_\_\_\_

Disciplinary Measure to be Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of County Administrator \_\_\_\_\_ Date \_\_\_\_\_

DISCIPLINARY FORM D

Name of Employee \_\_\_\_\_

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Offense Charged \_\_\_\_\_

Date of Offense \_\_\_\_\_

Place of Offense \_\_\_\_\_

Status of Case \_\_\_\_\_

Recommendation of Immediate Suspension Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by County Administrator Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Findings of Investigation by the Human Resource Manager: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of Human Resource Manager: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Human Resource Manager \_\_\_\_\_ Date \_\_\_\_\_

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Proposed Action by County Administrator: \_\_\_\_\_

\_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of County Administrator \_\_\_\_\_ Date \_\_\_\_\_

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Date of Hearing \_\_\_\_\_

Hearing Waived \_\_\_\_\_

Action Taken by County Administrator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of County Administrator \_\_\_\_\_ Date \_\_\_\_\_

AppendixB\_discforms.doc