

Appendix 14

TOWN OF ROWLEY DISCIPLINARY ACTION FORM

Name of Employee:
Department:
Supervisor/Department Head Name:
Date Consulted with Personnel Officer:
Disciplinary Action Issued: <input type="radio"/> Oral Reprimand <input type="radio"/> Written Reprimand <input type="radio"/> Suspension without pay <input type="radio"/> Termination
Previous discipline meeting was held on:

1. Your behavior/actions have been found unsatisfactory for the following reasons:

- | | |
|---|--|
| <input type="radio"/> Tardiness | <input type="radio"/> Personnel Plan Violation |
| <input type="radio"/> Absenteeism | Section: _____ |
| <input type="radio"/> Insubordination | |
| <input type="radio"/> Failure to follow procedure | _____ |
| <input type="radio"/> Failure to meet performance standards | <input type="radio"/> Other |
| <input type="radio"/> Unacceptable Action per C3-2 | |

2. Details of unsatisfactory behavior/actions:

3. The following immediate and sustained corrective action must be taken by the employee:

4. Deadline: _____

5. Follow-up meeting will be held on: _____

Employee is warned that if corrective action is not taken, or if there are further violations of Town policy, safety rules or unsatisfactory behavior/action, further disciplinary action may be issued, up to and including termination.

I hereby acknowledge receipt of a copy of this form:

Employee's Signature

Date

Supervisor/Dept. Head Signature

Date

Copies to:

- | | | |
|--------------------------------------|---|--------------------------------|
| <input type="radio"/> Personnel File | <input type="radio"/> Supervisor/Dept. Head | <input type="radio"/> Employee |
|--------------------------------------|---|--------------------------------|

Approved by Personnel Advisory Committee February 4, 2019

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