

## **Disciplinary Action Report**

The following report should be completed by a Supervisor or Department Head, and shall not be supplemented by the help of other non-advisory employees. This report will act as a written notice of offense by an employee and will be considered a disciplinary action against an employee as addressed and defined in the Harnett County Personnel Ordinance Disciplinary Action Policy found in Article IX.

If the disciplinary action results in a full-time employee's suspension, involuntary demotion, dismissal, involuntary resignation, or termination, the employee may appeal the action in accordance with the Grievance & Appeal Policy as addressed in Article X of the Harnett County Personnel Ordinance.

Supervisor/Department Head		Last First			Middle	
Employee	name:					
Last			First		Middle	
Departmer	epartment: Title:			Years of Service:		
Type of Of	Discipli	ne for Unsatisfa ne for Unsatisfa	actory Job Peactory or Con	rformance trary Personal Condu		
		Previou	us & Current	Warnings		
	Oral Warning	Written '	Warning	Date of Warning	Warning Issued By	
1 <sup>st</sup> Warning						
2 <sup>nd</sup> Warning						
3 <sup>rd</sup> Warning						
•	`			nse as it relates to the al sheet if necessary:	•	
Plan for Im	provement:					

Disciplinary Action Taken: Demotion	Oral Warning Dismissal	Written Warning	Suspension
Consequences Should Offens	se Occur Again:		
By signing this form, you confidisciplinary action report. You Supervisor or Department Heand the reasons it is being taken plan for improvement provider offense occurs again. Signing with this disciplinary action, not Harnett County Personnel Order	also confirm, acknowled have discussed the ten. You also know that and the consequence this form, however, door does it suspend any	edge, and understand the disciplinary action to be at you are expected to impes that will occur if you faces not necessarily indicates.	at you and your taken against you prove based on the ill to improve or this ate that you agree
Employee Signature			Date
Supervisor Signature			Date
Department Head Signature			Date
Witness Signature (If employe	ee refuses to sign)		Date
Human Resources Director S	gnature		Date