

Disciplinary Action Taken: _____ Oral Warning _____ Written Warning _____ Suspension
_____ Demotion _____ Dismissal

Consequences Should Offense Occur Again: _____

By signing this form, you confirm, acknowledge, and understand the information in this disciplinary action report. You also confirm, acknowledge, and understand that you and your Supervisor or Department Head have discussed the disciplinary action to be taken against you and the reasons it is being taken. You also know that you are expected to improve based on the plan for improvement provided and the consequences that will occur if you fail to improve or this offense occurs again. Signing this form, however, does not necessarily indicate that you agree with this disciplinary action, nor does it suspend any appeal rights you may have under the Harnett County Personnel Ordinance.

Employee Signature Date

Supervisor Signature Date

Department Head Signature Date

Witness Signature (If employee refuses to sign) Date

Human Resources Director Signature Date