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Description automatically generated

**COUNSELING/DISCIPLINARY ACTION FORM**

Employee: Date:

Job Title: Team:

Supervisor:

|  |
| --- |
| Type of Counseling/Disciplinary Action |

# Counseling/Verbal: (oral conversation with summary placed in personnel file).

# Warning: (Written, disciplinary action, placed in personnel file).

# Second Warning: (Written, disciplinary action, placed in personnel file-supervisor discretion).

# Suspension/Final Notice: (Written, disciplinary action, placed in personnel file). \_\_\_\_ Days

# Termination: (Written, disciplinary action, placed in personnel file). \_\_\_\_\_\_\_\_\_\_Date

***Depending on the nature of the offense,***

***LifeWays reserves the right to skip any step(s) in the disciplinary process.***

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| --- |
| Type of Violation |

Attendance/Tardiness  Inappropriate Behavior  Work Performance

Violation of LifeWays  Insubordination  Other

Policies/Procedures

|  |
| --- |
| State facts for the counseling/disciplinary action (Use dates, examples and be specific): |

|  |
| --- |
| Action to be taken (List expectations, set deadlines for corrected behavior, list monitoring procedure and assistance to be given, if appropriate): |

# If the behavior addressed above is not corrected, the next step in the disciplinary process may be:

# Warning: (Written, disciplinary action, placed in personnel file).

# Suspension/Final Notice: (Written, disciplinary action, placed in personnel file). \_\_\_\_ Days

# Termination: (Written, disciplinary action, placed in personnel file). \_\_\_\_\_\_\_\_\_\_Date

***Depending on the nature of the offense,***

***LifeWays reserves the right to skip any steps in the disciplinary process.***

|  |
| --- |
| Next meeting date (According to deadlines and expectations): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Employee hereby acknowledges by signing below that this document has been presented and discussed with the employee. By signing below, employee is not necessarily affirming agreement with the statements in this document, but acknowledges that these statements have been discussed with the employee and that the employee has been given an opportunity to respond below.

Employee’s Signature Date Supervisor’s Signature Date

People & Culture Signature Date Witness Signature Date (if appropriate)

Employee Response: