

Office of Student Employment

APPALACHIAN STATE UNIVERSITY

STUDENT EMPLOYEE DISCIPLINARY ACTION FORM

EMPLOYEE: _____
DEPARTMENT: _____
SUPERVISOR: _____

BANNER ID: _____
POSITION: _____
DATE: _____

TYPE OF ACTION:

- Coaching & Mentoring (Oral Warning-Dept. File Only)

- Written Warning

- Termination: Effective: _____

Date(s) of Incident: _____ Time of Incident: _____

Description of the Incident(s) or Behavior(s):

Reported by:

Other Individuals who may have information:

Supporting Evidence, if any (please describe; attach copies of any documentation):

Employee's Comments:

Other Individuals who may have information:

Supporting Documentation, if any (please describe; attach copies of any documentation):

Corrective Action Plan:

Next Action Step if Problem Continues:

Follow up

- Two weeks One month Three months Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my evaluation file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my evaluation file.

Employee Signature

Date

Manager/Supervisor Signature

Date

*Copies of this form and any attachments should be provided to the Employee.
The originals should be kept within the Department.*