

**DEPAUW UNIVERSITY
DISCIPLINARY ACTION DOCUMENTATION FORM**

Employee Name: _____ **Date:** _____

Job Title: _____ **Supervisor:** _____

Department: _____

Subject: _____

☐ Policy/Procedure Violation ☐ Performance Transgression
☐ Behavior/Conduct Infraction ☐ Absenteeism/Tardiness

Disciplinary Level

☐ Verbal Counseling (To document the conversation)
☐ Written Warning
☐ Final Written Warning

At any level of the disciplinary process, suspension of employment to conduct an investigatory review may be appropriate. If suspension is included in this disciplinary action, document the following:

☐ Suspension Pending Investigatory Review

Beginning: _____ **Ending:** _____

Prior Notices

<u>Level of Discipline</u>	<u>Date</u>	<u>Subject</u>

Incident Description and Supporting Details

Include the following information: Time, Place, Date of Occurrence, Persons Present and Organizational Impact (Attached additional sheets if needed):

Performance Improvement Plan

1. Performance Expectation(s) to be Met (Attach additional sheets if needed):

2. Measurable/Tangible Improvement Goals (Attach additional sheets if needed):

3. Outcomes/Consequences:
Positive:

Negative:

Scheduled Review Date: _____
4. Training or Special Support to be Provided:

5. Is an Interim Performance Appraisal Attached? ____ Yes ____ No
Employee Suggestions, Comments and/or Rebuttal (Attach additional sheets if needed):

Employee Acknowledgment

I understand that DePauw University is an "at-will" employer; meaning that my employment has no specified term and that the employment relationship may be terminated at any time by either party with or without cause. I also understand that DePauw University is opting to provide me with corrective action measures, and can terminate such measures at any time, unilaterally, and that the use of progressive discipline does not alter my at-will employment status.

I have received a copy of this notification. It has been discussed with me and I have been advised as to its implications. By signing this document, I may or may not agree with its contents in part or in its entirety but I acknowledge that I accept full responsibility for my actions and that I commit to follow the organization's standards for performance and conduct.

Employee Signature

Date

Supervisor's Signature

Date

Witness (if employee refuses to sign)

Signature

Printed Name

Date

Time

Distribution of Copies: ____ Employee ____ Supervisor ____ Department Head ____ Human Resources

Note: Our Employee Assistance Program (EAP) can be confidentially reached at 888-371-1125. This is strictly voluntary and a service provided for your benefit free-of-charge. More information on the EAP can be provided by the Human Resources Office.

March 13, 2013