

**DEPAUW UNIVERSITY
DISCIPLINARY ACTION DOCUMENTATION FORM**

Employee Name: _____ **Department:** _____

Job Title: _____ **Supervisor:** _____

Date: _____

Subject: _____

- | | |
|--|--|
| <input type="checkbox"/> Policy/Procedure Violation | <input type="checkbox"/> Performance Transgression |
| <input type="checkbox"/> Behavior/Conduct Infraction | <input type="checkbox"/> Absenteeism/Tardiness |

Disciplinary Level

- | |
|---|
| <input type="checkbox"/> Verbal Counseling (To document the conversation) |
| <input type="checkbox"/> Written Warning |
| <input type="checkbox"/> 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

Level of Discipline

Date

Subject

Incident Description and Supporting Details

Include the following information: Time, Place, Date of Occurrence, Persons Present and Organizational Impact

Performance Improvement Plan

1. Performance Expectation(s) to be Met:
2. Measurable/Tangible Improvement Goals:
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