



Blount County Government Employee Disciplinary Report



EMPLOYEE NAME _____ DEPARTMENT _____ DATE OF INCIDENT _____

VIOLATION

ATTENDANCE WORK PERFORMANCE GENERAL BEHAVIOR SAFETY & HEALTH SECURITY

OTHER _____

CORRECTIVE ACTION

COACHING WRITTEN WARNING SUSPENSION REASSESSMENT
 FINAL WARNING REASSESSMENT THIS REPORT IS TO BE PART OF EMPLOYEE'S PERSONAL FILE

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL PAGES IF NEEDED) _____

EMPLOYEE COMMENTS (ATTACH ADDITIONAL PAGES IF NEEDED) _____

IMPROVEMENT FOLLOW-UP

IMMEDIATE 30 DAYS 60 DAYS OTHER _____

CONSEQUENCE OF FAILURE TO IMPROVE

DISCIPLINE UP TO AND INCLUDING TERMINATION SUSPENSION IMMEDIATE TERMINATION

SUPERVISOR/DEPARTMENT HEAD SIGNATURE _____ **DATE** _____

EMPLOYEE SIGNATURE _____ **DATE** _____

I HAVE READ THIS REPORT

EMPLOYEE READ THIS REPORT AND DECLINED TO SIGN THIS FORM

LAST OFFENSE DATE _____ REASON _____ TYPE _____

PRIOR OFFENSE(S) DATE _____ REASON _____ TYPE _____

PRIOR OFFENSE(S) DATE _____ REASON _____ TYPE _____

ADDITIONAL REMARKS _____