

WASHINGTON COUNTY SCHOOL NUTRITION DEPARTMENT

DISCIPLINARY ACTION FORM

EMPLOYEE: _____ POSITION: _____

SUPERVISOR: _____ DEPARTMENT: _____

TYPE OF ACTION:

Verbal Counseling (Dept File Only)

Written Warning

From _____ To: _____

Effective Date: _____

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

Type of Incident: Description:

Corrective Action Plan:

Next Action Step If Problem Continues:

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.

Employee Signature

Date

Manager/Supervisor Signature

Date

Human Resources Representative

Date