RECORD OF DISCIPLINARY ACTION

Date _____
Employee _____
Supervisor _____

REASON(S) FOR ACTION

PROBATION PERIOD

Date of First Warning (Verbal)
Date of Second Warning (Verbal or Written)
Probationary Period to Begin On
Probationary Period Effective Until

GOALS TO BE ACHIVED DURING PROBATION PERIOD

Violation of probationary period or failure to achieve probationary period goals will result in :
* Suspension * Termination

I understand completely the reason(S) for my probation and the goals established for its duration. I understand that if I fail to reach the goals my employer has set for me, or if I violate my probationary period by continued infraction, I will be subject to the action outlined above.

_____ _____
Signature of Supervisor Signature of Employee

_____ _____
Date Date

Probationary period successfully completed on _____
Employee terminated on _____

_____ _____
Signature of Employee Signature of Supervisor

_____ _____
Date Date