

CITY OF HAMMOND

DISCIPLINARY ACTION REPORT

EMPLOYEE NAME: _____ HIRE DATE: _____

POSITION TITLE: _____ DEPT.: _____

DATE (S) OF INCIDENT: _____ TIME OF INCIDENT: _____ AM/PM

DESCRIBE VIOLATION: { Attach separate sheet, if needed } _____

PRIOR DISCIPLINARY RECORD (similar past incidents? Other conduct problems?):

EMPLOYEE'S COMMENTS: (your version of incident, the reason for your actions, names of witnesses, etc.) - { Attach separate sheet if needed }. _____

FINDINGS: { Attach separate sheet, if needed. }

RECOMMENDED ACTION:

_____ Warning Counseling/verbal; written #1; written #2 -

RULE (S) VIOLATED: _____

Employee has been advised that continued employment is contingent upon adherence to the City's rules and regulations.

_____ Suspension recommended, as per City's Personnel Policies Manual.

RULE (S) VIOLATED: _____

Employee has been advised that repeated violation of the City's rules and regulations may lead to dismissal.

_____ Dismissal recommended, as per City Personnel Policies Manual.

SUPERVISOR'S NOTES FROM DISCUSSION _____

EMPLOYEE ACKNOWLEDGEMENT: I have read and understand the above. My supervisor has explained and discussed it with me.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Department Head Signature _____ Date _____

APPROVED ACTION: None Recommended Other Specify:

Director of Administration _____ Date _____

MAYOR'S APPROVAL _____ Date _____

Reviewed by:
Director of Personnel _____ Date _____