CITY OF MISHAWAKA
PERSONNEL DEPARTMENT

EMPLOYEE DISCIPLINARY NOTICE

NAME OF INDIVIDUAL DISCIPLINED _____

JOB TITLE _____

DEPARTMENT _____

DATE OF DISCIPLINE _____

NOTICE ISSUED BY:

_____
SIGNATURE

_____
TITLE

DISCIPLINARY ACTION TAKEN:
( ) Oral Reprimand
( ) Written reprimand
1st, 2nd, or 3rd
( ) Time off without pay
How long _____ days
( ) Dismissal

DETAILS OF OFFENSE: (give specific information about date and time, rules violated, witnesses or complainants and details of the incident)

DATE: _____

TIME: _____

WITNESSES: _____

RULE(S) VIOLATED: _____

DETAILS AND CIRCUMSTANCES: (Be specific — Attach additional pages if needed.) _____

_____

_____

_____

OTHER: _____

_____

PREVIOUS OFFENSES OF SIMILAR NATURE: _____

_____

_____

_____

DATE DISCUSSED WITH EMPLOYEE: _____ 19____

_____
EMPLOYEE SIGNATURE*

_____
DEPARTMENT HEAD SIGNATURE

**Employee has the right to respond in writing to the above action.*
This signature does not necessarily mean agreement with information stated above.

White - Union Yellow - Personnel Dept. Pink - Department File Gold - Employee