



PO BOX 663 · 1721 HCR 3106
HILLSBORO, TX 76645
PHONE: 254-582-0205 · FAX: 866-582-3199

DISCIPLINARY ACTION FORM

Employee Name: _____ Employee No. _____

Position: _____ Supervisor: _____

Type of Action:

- Verbal Counseling
- Written Warning
- Suspension: From _____ to _____
- Termination: Effective: _____

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

Type of Incident:

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 Date

Supervisor Date

Controller or HR Representative Date