UMBC HUMAN RESOURCES

Disciplinary Action Form

TO: _____ _____
Employee's Name Employee's Title

FROM: _____
Supervisor

RE: **Work Performance/Behavior**

Date of Infraction: _____ **Time of Infraction**: _____

University Standard Violated: (State specific policy or procedure)

Details of Infraction: (Please attach relevant supporting documentation)

_____

_____

_____

Has the Infraction detailed above occurred before? ‰ Yes ‰ No

If yes, what personnel action was taken? _____

In response to the most recent Infraction, this shall serve as a:

‰ Written Reprimand ‰ Disciplinary Suspension for _____ day(s)
(From: _____ to _____)

NOTE: A copy of this disciplinary action form must be submitted to Human Resources to be placed in the employee's personnel file.

_____ _____ _____ _____
Immediate Supervisor Date Department Head Date

You may appeal this disciplinary action through the grievance procedure. Please be advised that any further occurrences of this nature may subject you to further disciplinary action which could include reprimand, disciplinary suspension without pay, involuntary demotion, or termination from University service.

I hereby certify that I have received a copy of this Human Resources Disciplinary Action form and understand that my signature implies neither agreement nor disagreement.

_____ _____
Employee's Signature Date

Revised: 4/13/06