

HEALTH SCIENCE CENTER
DISCIPLINARY ACTION FORM

Employee Name: _____

Date of Hire: _____

Position: _____

Date in Position: _____

Supervisor Name: _____

Department: _____

Acts of Non-Compliance

- | | |
|--|--|
| <input type="checkbox"/> Failure to maintain a desired level of performance after progressive counseling | <input type="checkbox"/> Repetitive disregard of stated rules and procedures |
| <input type="checkbox"/> Misuse of work time | <input type="checkbox"/> Disregard of authorized work request |
| <input type="checkbox"/> Excessive absenteeism | <input type="checkbox"/> Lack of cooperation |
| <input type="checkbox"/> Failure to comply with Univ. policies and rules | <input type="checkbox"/> Failure to follow instructions |
| <input type="checkbox"/> Failure to stay at assigned work location | <input type="checkbox"/> Other _____ |

Acts of Misconduct

- | | |
|---|--|
| <input type="checkbox"/> Acts of violence | <input type="checkbox"/> Endangering life/property |
| <input type="checkbox"/> Violation or misuse of confidential information | <input type="checkbox"/> Harassment, sexual harassment |
| <input type="checkbox"/> Reporting to or engaging in University related work while under the influence of illegal drugs or alcohol. | <input type="checkbox"/> Theft or fraud |
| <input type="checkbox"/> Possession and/or sale of illegal drugs on UTHSC property | <input type="checkbox"/> Failure to disclose conflicts of interest |
| <input type="checkbox"/> Misrepresentation or misuse of authority | <input type="checkbox"/> Possession of a weapon including but not limited to firearms, ammunition or any other instrument, device or substance designed, intended or used in inflict harm upon persons or property at the workplace or while on University property. |
| <input type="checkbox"/> Disruptive behavior | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Other _____ | |
-

INITIAL NOTIFICATION

Date _____

Brief description of performance or conduct:

Disciplinary Action Required (select one):

- | | |
|---|--|
| <input type="checkbox"/> Counseling (Departmental File) | <input type="checkbox"/> Warning (Departmental File) |
| <input type="checkbox"/> Counseling (HR File) | <input type="checkbox"/> Warning (HR File) |
| <input type="checkbox"/> Final Warning (HR File) | <input type="checkbox"/> Termination Recommendation |

Performance Improvement/Correction:

Time Frame: Improvement by: _____

Counseling Session Scheduled for: (date) _____ (time) _____

- | | |
|---|---|
| <input type="checkbox"/> Copy to employee | <input type="checkbox"/> Copy to Employee Relations |
|---|---|

Date: _____ Supervisor Signature: _____

Date: _____ Employee Signature: _____

SECOND NOTIFICATION

Date _____

Brief description of performance or conduct correction:

Specifics Demonstrating Corrective Action Not Completed:

Disciplinary Action Required (select one):

- | | |
|---|--|
| <input type="checkbox"/> Counseling (Departmental File) | <input type="checkbox"/> Warning (Departmental File) |
| <input type="checkbox"/> Counseling (HR File) | <input type="checkbox"/> Warning (HR File) |
| <input type="checkbox"/> Final Warning (HR File) | <input type="checkbox"/> Termination Recommendation |

Time Frame: Termination As Of: _____

Termination Session Scheduled for: (date) _____ (time) _____

- | | |
|---|---|
| <input type="checkbox"/> Copy to employee | <input type="checkbox"/> Copy to Employee Relations |
|---|---|
-

THIRD NOTIFICATION

Date _____

Brief description of performance or conduct correction:

Specifics Demonstrating Corrective Action Not Completed:

Disciplinary Action Required (select one):

- | | |
|---|--|
| <input type="checkbox"/> Counseling (Departmental File) | <input type="checkbox"/> Warning (Departmental File) |
| <input type="checkbox"/> Counseling (HR File) | <input type="checkbox"/> Warning (HR File) |
| <input type="checkbox"/> Final Warning (HR File) | <input type="checkbox"/> Termination Recommendation |

Time Frame: Termination As Of: _____

Termination Session Scheduled for: (date) _____ (time) _____

- | | |
|---|---|
| <input type="checkbox"/> Copy to employee | <input type="checkbox"/> Copy to Employee Relations |
|---|---|

Closure

Date: _____

Supervisor: _____

Date: _____

Employee: _____