

St. Clair County Community Mental Health Authority
Employee Discipline Report

Employee Name: _____ Classification: _____ Date: _____

Program: _____ Union Representative: _____

Previous (past 3 years) pre-discipline warnings/disciplinary event(s):

<u>Date</u>	<u>Event</u>	<u>Action Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific disciplinary event:

Describe specifically what occurred:

Action Taken: ☐ Reprimand ☐ Suspension: (# of days) _____ ☐ Termination

Opportunity for Improvement: Expected change in performance/behavior. Include objectives and follow-up performance review:

Employee Comment:

EAP Referral

☐ Informed

☐ Recommended

☐ Mandatory for Job Jeopardy

Failure to perform/behave in the expected manner will result in progressive discipline.

Employee Signature

Date

Supervisor Signature

Date

Other Signature

Date

Other Signature

Date

cc: Personnel File