



Town of Davie Disciplinary Form SOP #24-010

Name: _____

Position: _____

Department: _____

Supervisor: _____

Date of Incident: _____

Time of Incident: _____

Level of Discipline (Written Reprimand, Suspension, Demotion, Termination): _____

Nature of the Incident:

- | | |
|--|---|
| <input type="checkbox"/> 1. Abuse of accrued leave | <input type="checkbox"/> 7. Insubordination |
| <input type="checkbox"/> 2. Tardiness | <input type="checkbox"/> 8. Conviction of any crime |
| <input type="checkbox"/> 3. Misconduct | <input type="checkbox"/> 9. Poor performance |
| <input type="checkbox"/> 4. Threatening or engaging in violence | <input type="checkbox"/> 10. Habitual drug use |
| <input type="checkbox"/> 5. Conduct unbecoming a public employee | <input type="checkbox"/> 11. Destruction of Town's property |
| <input type="checkbox"/> 6. Violation of law or operating procedures or policies | <input type="checkbox"/> 12. Other, please specify: |

Facts of the incident (include any prior counseling for similar incidents):



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*Please be reminded that the Employee Assistance Program (EAP) is available to you. The EAP provides confidential assistance with problems that may be interfering with your job performance.
Care 24 EAP phone number: (888) 887-4114.*

Required Signatures:

Supervisor's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____
Department Director/ Division Manager's Signature: _____	Date: _____
<i>Discipline is not approved until this document is reviewed and signed by the Department Director (or designee) in his/her absence.</i>	
Human Resource Director's Signature: _____	Date: _____
<i>Discipline may not be issued until Human Resources has reviewed.</i>	

My signature below indicates that the contents of this Discipline Form have been discussed with me by my supervisor or another member of management. My signature does not constitute agreement with the contents. I understand that I am able to submit written comments addressing the contents of this Discipline Form for inclusion in my personnel file.

Employee's Response:

- I agree with the above statement.
- I disagree with the above statement and will submit written comments.

Employee's Signature: _____ Date: _____

CC: Employee, Personnel File, Department, Union Representative (if applicable)