

**FRANKLIN COUNTY BOARD OF COMMISSIONERS
EMPLOYEE DISCIPLINE REPORT**

EMPLOYEE: _____ **SUPERVISOR:** _____

POSITION: _____ **DATE:** _____

Check Agency Name:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Bd. of Commissioners | <input type="checkbox"/> CSEA | <input type="checkbox"/> Dept. Job & Fam. Serv. |
| <input type="checkbox"/> Econ. Dev. & Plng. Dept. | | <input type="checkbox"/> Fleet Mgmt. | <input type="checkbox"/> Human Resources Dept. |
| <input type="checkbox"/> Office on Aging | <input type="checkbox"/> Pub. Fac. Mgmt. | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Sanitary Eng. |
| <input type="checkbox"/> Benefits & Risk Mgmt. | | <input type="checkbox"/> Office of Hml. Sec. & Justice Prog. | |

The above employee is hereby recommended to be reprimanded for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> Neglect of Duty | <input type="checkbox"/> Incompetence |
| <input type="checkbox"/> Excessive and/or Unauthorized Absence | <input type="checkbox"/> Inefficiency |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Excessive Tardiness |
| <input type="checkbox"/> Immoral Conduct | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Discourteous Treatment of
Public and/or Fellow Employees | <input type="checkbox"/> Other _____ |

DESCRIPTION OF OFFENSE(S): (Include dates, times, locations, witnesses and any previous similar reprimands of which you are aware.) Attach additional sheets if necessary. (Limit 1140 characters – including spaces)

Correct behavior of employee expected in future: (Limit 810 characters – including spaces)

DISCIPLINARY ACTION RECOMMENDED BY SUPERVISOR:

- | | | |
|--|---|--|
| <input type="checkbox"/> Informal Counseling (CSEA Only) | <input type="checkbox"/> Verbal Reprimand | <input type="checkbox"/> Written Reprimand |
| <input type="checkbox"/> ___ Day(s) Suspension | <input type="checkbox"/> Removal | |

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

TO THE EMPLOYEE:

In the space provided below, you may explain the incident(s) in question, and clarify any facts that you believe were incorrectly stated by the supervisor.

NOTE:

The supervisor must review the incident with the employee prior to the employee responding to the charge(s). Attach additional sheets if necessary.

***EMPLOYEE SIGNATURE:** _____ **DATE** _____

***Your signature acknowledges receipt, not an agreement of charges.**

This reprimand report will be made a part of your permanent personnel record.

(If Applicable)

Union Representative _____ **DATE** _____

If the employee refuses to sign this reprimand, witness to this fact should sign below.

WITNESS: _____ **DATE** _____

DISCIPLINE APPROVED BY DEPARTMENT HEAD (DIRECTOR)

_____ **NONE** **OTHER** _____

_____ **AS RECOMMENDED**

DISCIPLINE RECOMMENDED IF SIMILAR OFFENSE(S) OCCUR: _____

SIGNATURE OF SECTION MANAGER

DATE

SIGNATURE OF ASSISTANT DIRECTOR

DATE

SIGNATURE OF DEPARTMENT HEAD (DIRECTOR)

DATE

Please forward the original discipline report to the Franklin County Commissioners Human Resources Department.