



Disciplinary Action Report

The following report should be completed by a Supervisor or Department Head, and shall not be supplemented by the help of other non-advisory employees. This report will act as a written notice of offense by an employee and will be considered a disciplinary action against an employee as addressed and defined in the Harnett County Personnel Ordinance Disciplinary Action Policy found in Article IX.

If the disciplinary action results in a full-time employee's suspension, involuntary demotion, dismissal, involuntary resignation, or termination, the employee may appeal the action in accordance with the Grievance & Appeal Policy as addressed in Article X of the Harnett County Personnel Ordinance.

Supervisor/Department Head: _____
Last First Middle

Employee name: _____
Last First Middle

Department: _____ Title: _____ Years of Service: _____

Type of Offense: Attendance Issues (Specify): _____
 Carelessness Insubordination Failure to Follow Instructions
 Unsatisfactory Work Quality Safety Violations
 Violation of County Policies and/or Procedures
 Working on Personal Matter on County Time
 Other: _____

Previous & Current Warnings				
	Oral Warning	Written Warning	Date of Warning	Warning Issued By:
1 st Warning				
2 nd Warning				
3 rd Warning				

Description of Offense (If the Harnett County Personnel Ordinance or dept. SOG's has been violated please list the violated portion):

Plan for Improvement: _____

Disciplinary Action Taken: Oral Warning Written Warning Suspension Dismissal
 Other: _____

Consequences Should Offense Occur Again: _____

By signing this form, you confirm, acknowledge, and understand the information in this disciplinary action report. You also confirm, acknowledge, and understand that you and your Supervisor or Department Head have discussed the disciplinary action to be taken against you and the reasons it is being taken. You also know that you are expected to improve based on the plan for improvement provided and the consequences that will occur if you fail to improve or this offense occurs again. Signing this form, however, does not necessarily indicate that you agree with this disciplinary action, nor does it suspend any appeal rights you may have under the Harnett County Personnel Ordinance.

Employee Signature Date

Supervisor/Department Head Signature Date

Witness Signature (If employee refuses to sign) Date

Human Resources Director Signature Date