



### 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 an adverse action against an employee as addressed and defined in the Harnett County Personnel Ordinance Disciplinary Action Policy found in Article IX.

A full-time Harnett County employee may directly appeal the adverse action taken against them, as described in this report, in accordance with the Grievance 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:
<b>1<sup>st</sup> Warning</b>				
<b>2<sup>nd</sup> Warning</b>				
<b>3<sup>rd</sup> Warning</b>				

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

**Plan for Improvement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Adverse 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 adverse 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 adverse 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**