

STAFF COUNSELING/DISCIPLINARY NOTICE

STAFF MEMBER NAME: _____ DATE OF ACTION: _____

POSITION: _____ DEPARTMENT: _____

DESCRIPTION OF ISSUE:

Failure to Report or Notify	
Misconduct	
Insubordination	
Policy Violation	
Unsatisfactory Performance	
Unacceptable Behavior	
Excessive Absenteeism/Tardiness	
Safety Violation	
Other	

LEVEL OF ACTION:

Verbal Warning/Counseling	
Written Warning	
Suspension	
Termination	

Statement of Problem: _____

Prior Discussions and/or Disciplinary Actions Taken: _____

Objective(s) for Improvement: _____

Re-Evaluation Meeting Required: Yes No If Yes, Date Scheduled: _____

Staff Signature*: _____ Date: _____

Supervisor Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Vice President: _____ Date: _____

** Your signature is intended only to acknowledge receipt of this form; it does not imply agreement or disagreement with the contents of the form itself. If you refuse to sign, another supervisor at ECU will be asked to sign indicating that you received a copy of the form.*

STAFF MEMBER'S COMMENTS:

Staff Member Signature

Date