

# Burt Public Library Disciplinary Action

Supervisor's Name (print)

Date of Action

Employee's Name (print)

## Violation or Problem

Tardiness

Quality of Work

Insubordination

Absenteeism

Drug or Alcohol Abuse

Appearance/Hygiene

Other: \_\_\_\_\_

Date of Occurance(s) \_\_\_\_\_

## Details of Occurance or Violation

## Disciplinary/Corrective Action

## Expected Improvement and/or Course of Action

By signing this notice I am acknowledging that I have been counseled about my inappropriate conduct and informed of consequences if improvements are not made.

Employee's Signature

Date

Supervisor's Signature