

**ABBEVILLE COUNTY
DISCIPLINARY ACTION FORM**



"Heritage With A Future"

Employee Name: _____ Date: _____

Department: _____ Job Title: _____

Incident Date: _____ Time: _____ Place: _____

Description of the incident that occurred:

Witnesses to the incident (if applicable):

Names of those in attendance at current disciplinary action meeting:

Disciplinary action to be taken: Probation Suspension Other (explain below)

(If on probation, period begins _____ and ends _____.)

Consequences for failure to improve performance or correct behavior:

Employee statement (use back of sheet if needed):

By signing this form, you acknowledge that you have read and understand the above information and consequences.

Signature of Employee

Date

Signature of Supervisor or Department Head

Date

Copies distributed to: Supervisor Department Head County Director Human Resources