HEALTH SCIENCE CENTER

DISCIPLINARY ACTION FORM

Employee Name:		Date of Hire:					
Pos	ition:	Date in Position:					
Supervisor Name:		Department:					
	Acts of Non-Compliance						
	Failure to maintain a desired level of performance after progressive counseling		Repetitive disregard of stated rules and procedures				
	Misuse of work time		Disregard of authorized work request				
	Excessive absenteeism		Lack of cooperation				
	Failure to comply with Univ. policies and rules		Failure to follow instructions				
	Failure to stay at assigned work location		Other				
	Acts of Misconduct						
	Acts of violence		Endangering life/property				
	Violation or misuse of confidential information		Harassment, sexual harassment				
	Reporting to or engaging in University related work while under the influence of illegal drugs or alcohol.		Theft or fraud				
	Possession and/or sale of illegal drugs on UTHSC property		Failure to disclose conflicts of interest				
	Misrepresentation or misuse of authority		Possession of a weapon including but not limited to firearms, ammunition or any other instrument, device or substance designed, intended or used in inflict harm upon persons or property at the workplace or while on University property.				
	Disruptive behavior		Insubordination				
	Other						

INITIAL NOTIFICATION

Date _____

Brief	descript	tion of	perf	formance	e or	cond	luct	::
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Disciplinary Action Required (select one):					
Counsel	seling (Departmental File)] Warning (Departmental File)			
Counsel	seling (HR File)				
Final Wa	Warning (HR File) Termination Recomme	ndation			
Performance I	e Improvement/Correction:				
Time Frame:	: Improvement by:				
	Counseling Session Scheduled for: (date) (time)				
	Copy to employee Copy to Employee Relations				
Date: Supervisor Signature:					
Date:	Date: Employee Signature:				

SECOND NOTIFICATION

Brief description of performance or conduct correction:

Specifics Demonstrating Corrective Action Not Completed:

Disciplinary Action Required (select one):				
	Counseli	ing (Departmental File)	Warning (Departmental File)	
	Counseli	ing (HR File)	Warning (HR File)	
	Final Wa	arning (HR File)		Termination Recommendation
Time	Frame:	Termination As Of:		
		Termination Session Scheduled for:	(date)	(time)
	Copy to employee		🗌 Copy t	o Employee Relations

Date _____

THIRD NOTIFICATION

Brief description of performance or conduct correction:

Specifics Demonstrating Corrective Action Not Completed:

Disciplinary Action Required (select one):					
	Counseling (Departmental File)			Warning (Departmental File)	
	Counseling (HR File)			Warning (HR File)	
	Final Warning (HR File)			Termination Recommendation	
Time Frame: Termination As Of:					
		Termination Session Scheduled for:	(date)	(time)	
		Copy to employee		to Employee Relations	
Closure					
Date:		Supervisor:			
Date:		Employee:			