Notice of Disciplinary Action

SAMUEL MERRITT UNIVERSITY

Employee Name: _____ #_____

Department Name: _____ #_____

Job Title: _____ Code_____

Disciplinary Action:

_____ Personnel memorandum

_____ Formal written warning

_____ Final warning/suspension for_____day(s)

_____ Termination

Reason for Disciplinary Action (Attach additional sheets or documentation):

Plan of Corrective Action:

Note: Failure to follow Plan of Corrective Action and/or other violation of Samuel Merritt University Policies and Procedures or work rules will result in further disciplinary action, including termination.

Employee Comments (Attach additional sheets or documentation):

Human Resources Approval	Date	Manager/Supervisor Signature	Date
Witness (If Applicable)	Date	Employee Signature*	Date

*Employee signature acknowledges only receipt of this notice.

HR Forms 1/27/09