



TOWN OF NATICK EMPLOYEE DISCIPLINARY ACTION SHEET

Employee Name: Last _____ First _____ Employee ID: _____

Supervisor: _____ Department: _____

Violation Date: ____/____/____ Violation Time: _____ a.m. / p.m. Location: _____

ACTION TAKEN: Check One (Depending on the nature of the offense, the Town of Natick reserves the right to skip any steps at its discretion.)

___ Oral Reprimand ___ Written Reprimand ___ Suspension ___ day(s) ___ Other _____

RULE, REGULATION, OR POLICY VIOLATED: Check One

___ Tardiness ___ Attendance ___ Conduct ___ Insubordination ___ Disobedience ___ Drug or Alcohol Abuse
___ Safety ___ Carelessness ___ Quality of Work ___ Quantity of Work ___ Other _____

EXPLANATION FOR ISSUING REPRIMAND:

CORRECTIVE ACTION REQUIRED:

EMPLOYEE COMMENT:

You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation will result in additional disciplinary action up to and including termination. By signing below you are acknowledging that you have read and received this notice.

Signature of Employee

Date

Signature of Supervisor

Date

Signature of the Director of HR

Date