



CITY OF AMERICUS

Disciplinary Action Report

Version 1.1

Employee Information

Date:	_____	Employee Name:	_____
Department/Loc No:	_____	Position:	_____

Type of Offense/Policy Violation (Check all that apply)

<input type="checkbox"/> Absenteeism - Excessive	<input type="checkbox"/> Falsifying documents	<input type="checkbox"/> Reckless behavior
<input type="checkbox"/> Absenteeism - Unauthorized	<input type="checkbox"/> Fighting or horseplay	<input type="checkbox"/> Sexual/Workplace Harassment
<input type="checkbox"/> Alcohol use or possession	<input type="checkbox"/> Inappropriate comments	<input type="checkbox"/> Smoking in undesignated area
<input type="checkbox"/> Arrest or conviction of a criminal offense	<input type="checkbox"/> Inappropriate use of technology	<input type="checkbox"/> Social Networking Violation
<input type="checkbox"/> Damaging/Losing property/equipment	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Disclosing confidential information	<input type="checkbox"/> Leaving work area without permission	<input type="checkbox"/> Theft or fraud
<input type="checkbox"/> Disregard for safety	<input type="checkbox"/> Loss of required license or certification	<input type="checkbox"/> Unauthorized possession of weapon
<input type="checkbox"/> Drug use or possession	<input type="checkbox"/> Lying or misrepresenting the truth	<input type="checkbox"/> Unsatisfactory job performance
<input type="checkbox"/> Failure to follow instructions	<input type="checkbox"/> Misuse of property/equipment	<input type="checkbox"/> Using vulgar language
<input type="checkbox"/> Negligence in carrying out duties	<input type="checkbox"/> Verbal or physical threats	
<input type="checkbox"/> Other (Please specify): _____		

Incident Description: (Describe action, behavior, or incident. Include date(s), time(s), place(s), witness(es), impact on work environment and other relevant facts.) Attach separate sheet if necessary.

Date of Incident: _____

Action Taken:	<input type="checkbox"/> Documented Verbal Counseling	<input type="checkbox"/> Demotion	<input type="checkbox"/> Resignation (ILOT)
	<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Reduction in Pay	<input type="checkbox"/> Termination
	<input type="checkbox"/> Suspension _____ day(s)		

Any Previous Disciplinary Actions:	Type	Offense	Date

Consequence if offense occurs again:

Employee Comments: **I agree with employer's statement** **I disagree with employer's statement**
(Attach separate sheet if necessary)

Employee Acknowledgement

My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense.

I understand I may appeal certain adverse actions as defined in policy 13.5 of the City of Americus Personnel Policies and Procedures Manual. (Exception: Probationary employees are subject to any personnel action, including discharge, without prior notice and without right to grieve or appeal adverse action except as defined in policy section 13.5)

Employee Signature

Date

Report Prepared By:

Print Name

Title

Signature

Date

Department Director approval required if other than verbal counseling or written reprimand.

Department Director Signature

Date