TRAVIS COUNTY EMERGENCY SERVICES DISTRICT #1

EMPLOYEE DISCIPLINE FORM

Employee Name: _____ Last 4 SSN: _____
FIRST LAST

Today's Date: _____/_____/_____ **Date of Infraction: _____/_____/_____**
MM DD YYYY MM DD YYYY

Type:

- ☐ **Oral**
- ☐ **Written**
- ☐ **Suspension From _____/_____/_____ to _____/_____/_____**
- ☐ **Probation From _____/_____/_____ to _____/_____/_____**
- ☐ **Termination**

Reason for Discipline:

Action Taken:

Employee Comments:

_____ _____/_____/_____
EMPLOYEE SIGNATURE MM DD YYYY

_____ _____/_____/_____
SUPERVISOR SIGNATURE MM DD YYYY