



SOWELA

TECHNICAL COMMUNITY COLLEGE

www.sowela.net

Discipline Notice

Revised 3/14/2007

The Company recognizes that you expect to be informed of what is expected of you and the consequences that will result if those expectations are not fulfilled. It is your responsibility to read and understand and abide by Company policies and rules of conduct. You will be held accountable for your conduct.

Employee Name		Job Title	Department	Date of Hire
What Action is Being Taken?	<input checked="" type="checkbox"/> Counseling Session		<input type="checkbox"/> Final Counseling	<input type="checkbox"/> Termination Session
Check the Appropriate Work Rule Violation	<input type="checkbox"/> Respect <input type="checkbox"/> Act with Integrity and Honesty <input type="checkbox"/> Associate Behavior <input type="checkbox"/> Attendance <input type="checkbox"/> Company Policy, specify _____	<input type="checkbox"/> Following Instruction <input type="checkbox"/> Promotion & Employment Standards <input type="checkbox"/> Safety <input type="checkbox"/> Sale, Offering, Possession or Use of Alcohol and Illegal or Otherwise Controlled Substances	<input type="checkbox"/> Weapons and Explosives <input type="checkbox"/> Workplace Activity <input type="checkbox"/> Other, specify _____	
State What Happened (Attach Additional Sheets When Necessary) For example, relevant information may include: <ul style="list-style-type: none"> ◆ When did it occur? ◆ Who was involved? ◆ Where did it occur? ◆ Impact to the Company. ◆ Other information. 				
State the Improvement Required of the Associate				
Previous Notices	Has Associate Received Previous Discipline Notices in the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>All disciplinary actions must go through the approval process prior to issuance to an employee. A Vice Chancellor and the department supervisor must approve all disciplinary actions for an employee.</p>				
Approval	Vice Chancellor Signature _____ Date _____ Print Name _____			
Signatures	Associate Receiving Discipline Notice		Date	
	By Signing this document, I acknowledge only that I have received the Discipline Notice. I do not represent that I am in agreement with the Notice. If this is a Counseling or Final Counseling, I acknowledge that future violations of any Company policy may result in disciplinary action, up to and including termination of employment.			
	Department Head/Supervisor /		Date	