



School of Osteopathic Medicine

STAFF DISCIPLINARY NOTICE

Last Name _____ First Name _____ University ID# _____

Department _____ Position Title _____

Date of Hire ___ / ___ / ___ Today's Date ___ / ___ / ___ Date of Last Notice ___ / ___ / ___

Violation: *(list or state as briefly as possible)*

Details of Violation: *(explain as specifically and comprehensively as possible, attach additional sheets if necessary, include dates)*

Disciplinary Action: *(check one)*

- Written Warning
- Written Warning in Lieu of Days (Shifts) Suspension *
- Suspension for Days (Shifts) or Deduction of Days (Shifts)/Vacation
Beginning ___ / ___ / ___ and Ending ___ / ___ / ___
- Demotion Effective ___ / ___ / ___
- Termination Effective ___ / ___ / ___

- Union Representative Present
- Staff Member Declined Union Representative
- Not Covered by a Union**

Supervisor's Signature

Date ___ / ___ / ___

Print Name _____

Telephone _____

**Staff Member's Signature

Date ___ / ___ / ___

Witness's Signature (optional)

Date ___ / ___ / ___

***Please note exempt staff may not be docked or suspended without pay, however, may be issued a warning in lieu of same.**

****Staff Member's Signature Indicates Receipt, Not Agreement**

- As soon as possible after a decision is made, complete this form, have the staff member sign the form and distribute the copies.
- Although it is preferable that suspensions be served immediately, suspensions may be delayed for a short period of time or spread out over several weeks based on the operational needs of the department.
- All demotions, suspensions and terminations must be approved beforehand by Human Resources.

cc: Human Resources, Staff Member, Originating Department and Union *(forward within 72 hours)*