



**HILLSBOROUGH
COMMUNITY
COLLEGE**

EMPLOYEE DISCIPLINARY REPORT

VERBAL COUNSELING
 WRITTEN WARNING
 SUSPENSION
 TERMINATION
(SUPERVISOR'S FILE)

EMPLOYEE'S NAME	SOCIAL SECURITY NO.
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DEPARTMENT	CAMPUS	UNIT ADMINISTRATOR
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POSITION TITLE	POSITION NO.	DATE OF DISCIPLINARY ACTION
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SPECIFIC DETAILS OF INFRACTION

CORRECTIVE ACTION EXPECTED OF EMPLOYEE

TIME FRAME TO RESOLVE PROBLEM

EMPLOYEE'S STATEMENT

<p><small>EMPLOYEE'S ACKNOWLEDGEMENT: I HAVE READ AND UNDERSTAND THIS DISCIPLINARY REPORT. MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH THE FINDINGS OF THIS REPORT.</small></p>	<p>EMPLOYEE'S SIGNATURE DATE</p>
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<p>DISCIPLINARY ACTION <input type="checkbox"/> VERBAL COUNSELING</p>	<input type="checkbox"/> WRITTEN WARNING
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<input type="checkbox"/> SUSPENSION FOR _____ DAYS	<input type="checkbox"/> TERMINATION EFFECTIVE UPON BOT APPROVAL
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EXPLANATION

APPROVALS

SUPERVISOR'S SIGNATURE	DATE	CABINET MEMBER (REPORTS DIRECTLY TO THE PRESIDENT)	DATE
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UNIT ADMINISTRATOR'S SIGNATURE	DATE	COLLEGE PRESIDENT	DATE
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