

BAY COUNTY LIBRARY SYSTEM

DISCIPLINARY FORM

EMPLOYEE'S NAME _____

SUPERVISOR'S NAME _____

BRANCH/DEPARTMENT _____

POSITION _____ **DATE OF REPORT** _____

PERSONS PRESENT AT CONFERENCE _____

DISCIPLINARY ACTION:

- _____ **I. ORAL REPRIMAND**
- _____ **II. WRITTEN REPRIMAND**
- _____ **III. SUSPENSION/PROBATION**
- _____ **IV. TERMINATION**

SUBJECT OF CONFERENCE: _____

SUPERVISOR'S COMMENTS: _____

RECOMMENDATIONS/EXPECTATIONS: _____

DATE(S) FOR FOLLOWUP CONFERENCE(S) _____

DISCIPLINING SUPERVISOR _____ **DATE** _____

MANAGING LIBRARIAN _____ **DATE** _____

I understand that this Disciplinary Form will be entered into my Personnel File, and I have received a copy of this report.

I have read this report. I understand my signature does not necessarily mean that I agree with it. I also understand that I may reply in writing within 5 working days and that my reply will be included with this form in my personnel record.

EMPLOYEE _____ **DATE** _____

DIRECTOR/ASSISTANT DIRECTOR _____ **DATE** _____