

**JACKSON COUNTY SCHOOL DISTRICT  
FOOD SERVICE DEPARTMENT**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

School: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

""Commendation

""Suspension

""Warning

""Termination

**Introduction: ( Action being taken )**

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**Supporting Paragraph: ( Reason for Discipline )**

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**Conclusion: ( Action taken if correction is not made )**

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**Employee Comments:**

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Employee's Signature

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Supervisor's Signature