Disciplinary Action Form
M.S.A.D. No. 75

Employee Name _____Date of Offense _____
Location/Position _____

Supervisor/ Administrator: _____

Disciplinary Action:

Written Reprimand: ___ Final Written Reprimand: ___

Suspension: ____ From: _____ To: _____
Date Date

Termination: ____ Effective: _____
Date

Summary of Offense:
(Please include the following: 1) description and evidence of the offense 2) behavioral expectations 3) desired results 4) consequences if not met. Attach additional documentation if necessary.)

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Notice to Employee: *It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you may be subject to further disciplinary action. If you wish to appeal the corrective action noted above, you may do so under the provisions of the Grievance Procedure provided for this purpose.*

Supervisor Signature _____ **Date** _____

Employee's Signature _____ **Date** _____
(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, a witness within the District will be asked to initial the form indicating that you received a copy.)