



SARPY COUNTY DISCIPLINE FORM

EMPLOYEE INFORMATION

Name: _____ Date: _____
 Department: _____ Division: _____
 Job Title: _____ Union: _____

The below discipline is in accordance with the Personnel Rules and Regulations *Rule 7: Progressive Discipline; Regulation 1: Discipline.*

DISCIPLINE INFORMATION

Department Head: Complete and present form to the Employee

- Type of Discipline:

<input type="checkbox"/> Verbal Reprimand	<input type="checkbox"/> 1 st Written Reprimand	NOTE: Written Reprimands must pertain to the same subject matter.
<input type="checkbox"/> 2 nd Written Reprimand	<input type="checkbox"/> 3 rd Written Reprimand	
- Improper Action(s) and/or Violation (describe specific facts and what action(s) brought about discipline). Use additional pages if needed.

- Action steps necessary to achieve expectations and avoid further discipline:

- Placing on Probationary Period? Yes No
Refer to Rule 5: Probationary Periods, Regulation 2: Trial Period Probations for further details.

Department Head Signature _____ Date _____

Employee Signature* _____ Date _____

*Your signature does not denote agreement, but acknowledges that its contents have been explained to you. Refusal to sign must be noted on form. Employees may submit to the Human Resources Department an explanation or rebuttal to a written reprimand within 15 calendar days of its receipt.

HUMAN RESOURCES

Human Resources Director Signature _____ Date _____