

ARKANSAS FORESTRY COMMISSION
DISCIPLINARY/INCIDENT REPORT

Employee _____ Date _____

Supervisor _____

Date of Violation: _____ Offense Level (1-5): _____

Standards of Conduct violation/retention period _____

If employee is suspended because of this incident, please circle appropriate days: three days / five days / ten days

If temporary suspension with pay ___ or without pay ___, list how long: _____

Description of Offense _____

SUPERVISOR'S STATEMENT: _____

Is employee on new hire or promotion probation? Y / N On performance probation? Y/ N

Has employee been counseled before? _____ If yes, when? _____

List all counseling sessions with employee, subject matter of sessions, and dates _____

Has employee received a written warning before? _____ If yes, when? _____

List all written warnings given to employee, subject matter of warnings, and dates _____

List names of those present at disciplinary session: _____

EXPECTED RESULTS FROM EMPLOYEE: _____

EMPLOYEE'S STATEMENT _____

My signature below acknowledges receipt of this Disciplinary Action and does not indicate that I agree with this action.

Employee's Signature/Date

Supervisor's Signature/Date

Employee's refusal to sign must be noted by supervisor.

8/28/13

Original: AFC Human Resources Administrator

Copy: Employee and Supervisor