Greene County
Recommendation for Disciplinary Action

TO: _____ DATE: _____

FROM: _____

EMPLOYEE'S NAME: _____

EMPLOYEE'S CLASSIFICATION: _____

VIOLATION

DATE(S) VIOLATION OCCURRED: _____

_____

LOCATION(S) WHERE VIOLATION OCCURED: _____

_____

TYPE OF VIOLATION:_____

_____

DESCRIPTION OF VIOLATION: _____

_____

_____

_____

_____

_____

(Attach additional sheet if necessary)

PREVIOUS DISCIPLINARY RECORD

_____

_____

_____

RECOMMENDED DISCIPLINARY ACTION

_____ Suspension of _____ days
_____ Reduction
_____ Dismissal
_____ Other: _____