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

Employee Name _________________________________ Date of Offense _____________
Location/Position ___________________________________________________________
Administrator Name/Signature: ________________________________________________

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.

Employee’s Signature ___________________________________________ Date

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.

(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.)