

**IMPERIAL VALLEY COLLEGE
DISCIPLINARY ACTION FORM**

A. DATE: _____ B. TIME: _____

C. NAME OF EMPLOYEE: _____

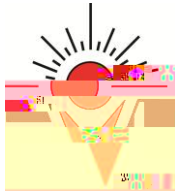
D. TITLE: _____ E. DEPT: _____

F. TYPE OF DISCIPLINARY ACTION:

1. VERBAL WARNING _____ 2. WRITTEN REPREMAND _____
3. SUSPENSION _____ 4. DEMOTION _____ 5. DISMISSAL _____

G. EXPLANATION OF PREVIOUS RELEVANT DISCUSSIONS AND OR DISCIPLINE (IF APPROPRIATE):

H. DESCRIPTION OF SPECIFIC EMPLOYEE BEHAVIOR/ACTION(S) THAT CAUSED THE



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J. DESCRIPTION OF IMMEDIATE AND/OR FUTURE ACTION THAT WILL BE TAKEN BY SUPERVISOR IF THE EMPLOYEE FAILS TO CORRECT HIS/HER INAPPROPRIATE BEHAVIOR/ACTION(S):

K. RIGHT TO HEARING/ACKNOWLEDGMENT OF RECEIPT:

An employee who has been disciplined has the right to a hearing on the charges. The employee also has the right to have representation at the hearing. If you desire to request a hearing you must submit a **Request for Hearing of Disciplinary Action** in writing to the Associate Dean of Human Resources within **ten (10)** working days after service of this notice.

I have been informed of the charges against me and of my right to request a hearing on this disciplinary action. I acknowledge receipt of a Request for Hearing of Discipline Action form.

Employee Signature: _____ DATE: _____

EMPLOYEE WAIVED RIGHT TO REPRESENTATION

UNION REPRESENTATION WAS PRESENT

Union Rep Signature: _____ TITLE: _____

L. DISCIPLINARY ACTION FORM ISSUED BY:

Supervisor/Director/Dean: _____ DATE: _____

Vice President/President: _____ DATE: _____

Original: Human Resources
Copy: Employee