Community College of Rhode Island

NOTICE OF NON-ACADEMIC DISCIPLINARY ACTION

Sections 1-4 must be completed by supervisor before disciplinary meeting

DATE _____ **CLASSIFICATION** _____

NAME _____ **EMPLOYMENT DATE** _____

DEPARTMENT _____

Action Taken: ☐ Written Record of Oral Reprimand ☐ Written Reprimand

1. Disciplinary action was taken for the following reason(s): (*Include date(s) of infraction, explanation of infraction and employee's responsibility and/or obligation)

2. Explain: (*Include details of previous discussions and/or discipline and the business reason for the disciplinary action)

3. The following corrective action is expected of the employee:

4. Future infraction(s) may result in:

To be completed at meeting:

☐ Union representative was present ☐ Employee waived right to have Union representative

List any other witnesses present:

_____ _____

Union Representative Date

SIGNATURES

_____ _____

Employee Date Department Director Date

☐ Employee declined to sign

Employee signature indicates receipt of form and does not necessarily indicate concurrence. A copy of this form will be placed in the employee's official personnel file.

HUMAN RESOURCES USE ONLY

DATE RECEIVED _____ REVIEWED BY _____ FILE MAINTAINED ☐

Signature