



# University of Missouri – St. Louis

## Disciplinary Action Preparation Form (EXEMPT)

**Instructions:** Use this form to document and administer formal and informal employee feedback such as identification, correction and prevention of performance and behavior issues. Employment with UMSL is at-will; the University reserves the right to discipline employees as indicated by policy. Certain misconduct can justify suspension, including immediate termination.

EMPLOYEE NAME:		DEPARTMENT:	
JOB TITLE:		SUPERVISOR NAME:	
UMSL HIRE DATE:	DEPARTMENT HIRE DATE:	DATE:	
<b>INFRACTION:</b>			
<b>SPECIFIC INCIDENT PROMPTING THIS ACTION</b> Describe the specific incident, the date and place of occurrence, and the individuals involved. Attach additional sheets as necessary:			
<b>HOW DO YOU KNOW ABOUT IT?</b> Do you know from: Personal observation? Report(s) from witness(es)? (If report from witnesses, list names.) Attach additional sheets as necessary:			
<b>EFFECT (OR POTENTIAL EFFECT)</b> Describe the effect this problem has had (1) on the department or University and (2) on the employee's performance. Attach additional sheets as necessary:			
<b>HAS THE EMPLOYEE BEEN COUNSELED PREVIOUSLY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and reasons:			
<b>NEXT STEP?</b> What was told to the employee as the next action to be taken in the event of another infraction or performance problem?			
<b>OTHER COMMUNICATION:</b> List other communications (with dates) which would have advised employee of rule or procedure which he/she violated. Attach additional sheets as necessary.			
<b>ACTION PLAN</b> (Include mutually agreed upon action plans and timelines for correcting the problem or concern and consequences if improvement does not occur. Attach additional sheets as necessary.):			

**BEFORE ANY ACTION IS TAKEN, IT MUST BE DISCUSSED WITH HUMAN RESOURCES :**

**COACHING/COUNSELING:** Did employee  read  sign  receive a copy of documentation of the counseling?  Yes  No

**DISCHARGE:** After discussion with HR, employee has been given letter or memo clearly stating the effective date: \_\_\_\_\_

**EMPLOYEE COMMENTS** (Present ideas for improvement and/or offer comments. Attach additional sheet if needed.):

Employee Signature:	Date:	Supervisor (Signature Required):	Date:
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