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| DEO_Logo_CJ_Stacked_CMYK (3) | **Record of Employee Counseling****or Reprimand or Suspension or Dismissal** |
| **Reprimand, Suspension or Dismissal action requires prior approval by Bureau of Human Resource Management and Office of General Counsel** |
|  |
| **Employee Name:** |       | **People First ID:** |       |  |
| **Employee Mailing Address:*****(Suspension or Dismissal ONLY)*** |       |  |
| **Official Job Title:** |       |  | Status: |  |  |
| **Action:** | Counseling [ ]  | Reprimand [ ]  | Suspension [ ]   | Dismissal [ ]  |
| **Violation:** ***(Check all that apply or complete “other”)*** |  |  |
| [ ]  | Poor performance (which may include excessive tardiness or absenteeism) | [ ]  | Conduct unbecoming a public employee |
| [ ]  | Inefficiency/inability to perform assigned duties | [ ]  | Negligence |
| [ ]  | Insubordination/Failure to follow Instructions | [ ]  | Habitual drug Use |
| [ ]  | Violation of Law or agency rules | [ ]  | Other, explain below |
|       |
| **Follow-up Date:** |       |  |  |
|  |  |  |  |
| *(Use additional sheets of paper if necessary. Form will allow additional space as you continue to type.)***Resources: Rule 60L-36, Conduct of Employees, Florida Administrative Code, and Supervisors Guide to Discipline**  |
| **Date, time and place of violation:** |
|       |  |
|  |  |  |  |
| **Describe Reason for Action:***(Include facts and events leading to the action, witness statements and explanation of any prior discipline and counseling.* |
|       |  |
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| **Issues - Rules, Policies and Procedures Violated – including any office protocols or office procedures:** |
|       |  |
|  |  |  |  |
| **Employee’s Verbal Comments:** |
|       |  |
|  |  |  |  |
| Did employee provide written comments? If yes, attach employee comments to this form. | Yes [ ]  No [ ]  |
|  |  |
| **Corrective action to be taken by employee, including time frames.** *(Not applicable to Dismissal)* |
|       |  |
|  |  |
| **List any additional support to be provided to employee. This includes further counseling and training.***(Not applicable to Dismissal)* |
|       |  |
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| **SIGNATURES** |  |
| **Notice To Employee:** This document serves as documentation for you and your supervisor related to the above violation(s). Corrective action as described above is expected to begin immediately (Not applicable to Dismissal). Further violations may result in more severe disciplinary action, up to and including dismissal. You are responsible for seeking clarification on expected employee conduct, from your supervisor, division director or Human Resource Director. |
|  |  |  |  |  |  |
|  | **Employee Signature** |  | **Date** |
|  |  |
|  |  |  |  |  |
|  | **Supervisor Signature** |  | **Date** |
|  |  |  |
| Employee refused to sign the document. |  |
|  |  |  |  |
|  | **Supervisor Signature** |  | **Date** |
|  |  |  |
|  | **Witness Name(s):** |  | **Witness Signature(s):** |
|  |       |  |  |
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| CC: Office FileHRM Official File/Reprimand, Suspension, Dismissal |