



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:	
INFRACTION:			
SPECIFIC INCIDENT PROMPTING THIS ACTION Describe the specific incident, the date and place of occurrence, and the individuals involved. Attach additional sheets as necessary:			
HOW DO YOU KNOW ABOUT IT? Do you know from: Personal observation? Report(s) from witness(es)? (If report from witnesses, list names.) Attach additional sheets as necessary:			
EFFECT (OR POTENTIAL EFFECT) 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:			
HAS THE EMPLOYEE BEEN COUNSELED PREVIOUSLY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and reasons:			
NEXT STEP? What was told to the employee as the next action to be taken in the event of another infraction or performance problem?			
OTHER COMMUNICATION: List other communications (with dates) which would have advised employee of rule or procedure which he/she violated. Attach additional sheets as necessary.			
ACTION PLAN (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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