

NOTICE OF EMPLOYEE ACTION

COUNTY OF STARKE

An Equal Opportunity Employer

Name _____ Office/Department _____

Job Title _____ Date Prepared _____

Principles of Employment/Work Rules Violated:

- Tardiness Unauthorized absenteeism Appearance
- Disclosure of confidential information Negligent handling of public monies
- Disobeying Supervisor's orders Unauthorized overtime
- Unauthorized use of County equipment/vehicles/supplies
- Other (Describe) _____

Description of Incident: Date _____ Time _____

Location _____

Description _____

Action Taken On This Notice

Date

Oral Reprimand _____

Written Warning _____

_____ day suspension without pay _____

beginning _____

Discharge

Meeting With Employee Date _____ Time _____

Location _____

Elected Official/Department Head Comments:

Employee Comments:

Elected Official/Department Head Signature _____

Employee Signature _____ **Date** _____

Witness _____ **Date** _____

Witness _____ **Date** _____