

# STATE OF MAINE RECORD OF EMPLOYEE DISCIPLINE

EMPLOYEE NAME	EMPLOYEE NUMBER
JOB CLASSIFICATION	DATE
DEPARTMENT	WORK LOCATION
<b>NATURE OF DEFICIENCY</b>	
<b>STEPS NEEDED FOR IMPROVEMENT</b>	
<b>SERIOUSNESS OF INFRACTION</b>	
<input type="checkbox"/> Confirmation of Oral Reprimand	<input type="checkbox"/> Disciplinary Suspension
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Demotion
<input type="checkbox"/> Dismissal	
<b>SUPERVISOR'S SIGNATURE</b>	
Signature	Date
<b>EMPLOYEE'S REMARKS - Please check one of the boxes below and add any further clarifying comments.</b>	
<input type="checkbox"/> I agree with the statements above <input type="checkbox"/> I disagree with the statements above. Indicate areas of disagreement below.	
<b>EMPLOYEE'S SIGNATURE - Please read this statement below and sign.</b>	
I have read and understand the nature of this warning and further understand that if this persists, it will result in further disciplinary action up to and including dismissal.	
Signature	Date
<b>WITNESS' SIGNATURE - Please read this statement below and sign.</b>	
The above warning has been explained to this employee and he/she understands it's seriousness.	
Supervisory Witness' Signature	Date
Employer Rep Signature	