

# 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"/> Written Warning	<input type="checkbox"/> Written Reprimand <input type="checkbox"/> Disciplinary Suspension	<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 the 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.		
Employee's Signature	<input type="checkbox"/> I refuse to sign. Initial: _____	Date
<b>Witness' Signature - Please read the statement below and sign.</b>		
The above warning has been explained to this employee and he/she understands its seriousness.		
Supervisory Witness' Signature	Date	
Employee Rep Signature	Date	