



Student Employee Progressive Discipline Notification Form

Employee Name:		UIN:	
Employing Department:		Job Title:	
Date of Hire:		Name of Supervisor:	

Level of Progressive Discipline:

Verbal Warning/Counseling

Suspension for _____ days

Written Warning

Reason for progressive discipline (be specific, giving dates and times of incidents and list any dates of previous counseling sessions. Remember to state only the facts pertaining to this situation).

Corrective action to be taken:

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination. This document (or a copy thereof) will be placed in your Official University Personnel File.

If you wish to appeal this disciplinary action please contact the Human Resources Office at 409-740-4532 for assistance. An appeal alleging discrimination, sexual harassment and/or related retaliation must be filed in accordance with System Regulation 08.01.01, Civil Rights Compliance and University Rule 08.01.01.M1, Civil Rights Compliance.

Please be advised that the University provides confidential services to help students who face personal matters that adversely affect their lives and job performance. To make an appointment or speak to a counselor, please contact the Student Counseling Services Office at 409-740-4736.

Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself.

Employee Signature:	Supervisor Signature:
Date:	Date:

Distribution:

Original – Human Resources Copy – Employee Copy – Department Head