

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

RECORD OF DISCIPLINE

**FORM 14
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Employee Name: _____ Employee Job Title: _____

Department: _____

Date and Location Where Violation Occurred: _____

Description of Violation: _____

(Attach Additional Sheets if Necessary)

Type of Violation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Incompetency | <input type="checkbox"/> Neglect of Duty | <input type="checkbox"/> Failure of Good Behavior |
| <input type="checkbox"/> Inefficiency | <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Misfeasance |
| <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Immoral Conduct | <input type="checkbox"/> Malfeasance |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Violations of Rules | <input type="checkbox"/> Nonfeasance |
| <input type="checkbox"/> Discourteous Treatment of the Public | | <input type="checkbox"/> Other (Explain) |

Level of Violation: Verbal Warning Written Warning
 Suspension (# of Days) _____ Termination (Date): _____

Date of Meeting or Pre-D conference: _____

Did the Employee have representation? Yes (Name) _____ Declined

Date(s) That Suspension from Duty without Pay Will Occur: _____

Date(s) of Prior Discipline, if any: _____

This corrective action will normally cease to have force and effect per the Personnel Manual or applicable union contract. Any further violations will result in more severe disciplinary action.

Signature of Officeholder, Title and Date

I hereby acknowledge that a copy of the above record of corrective action has been given to me.

Signature of Employee and Date

cc: Employee and Employee's Personnel File