

Le Jardin Community Center

Report of Discipline

Name: _____

Position: _____

Date of Report: _____

Date of Hire: _____

Disciplinary Action:

Written Warning

Demotion to _____

Written Reprimand

Date effective: _____

Disciplinary Time Off (Suspension)

Other _____

Date effective: _____

Date of return: _____

Reason for the disciplinary action: _____

****If the problems stated above are not corrected further disciplinary action will be taken, up to and including termination.**

Employee Response: _____

****By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.**

Employee		Date	
Heather Garcia <small>Human Resources Director</small>		Date	
Eduardo Berrones <small>Executive Director</small>		Date	
Direct Supervisor's Name		Date	