

HACAP Request to Discipline

Completed by the Employee's Supervisor

Name of Employee Receiving Disciplinary Action: _____

Date of Infraction: _____

Policy, Programming Regulation or Licensing Violation (Violation and Number):

Work Performance Deficiency (Essential Duties and Responsibilities – Job Description):

Description of Infraction:

Dates of Employee Coaching for Similar Infraction (attach documentation):

Date Employee Attended Appropriate Training Related to Infraction:

Recommended Disciplinary Action: *(check one)*

- ☐ Verbal Reprimand
- ☐ Written Warning
- ☐ Suspension Without Pay
- ☐ Probation / Corrective Work Plan
- ☐ Discharge

Supervisor's Signature: _____

Date form completed: _____

Manager will return the completed form to the Human Resources
