**SELF-HIRED EMPLOYEE INFORMATION**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPNAT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFRACTION**

 **POOR PERFORMANCE including: insubordination**

 **HEALTH AND SAFETY VIOLATION**

 **OTHER**

**DESCRIPTION OF INFRACTION** *(include specific actions, inactions and/or conduct with dates)*

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**DISCIPLINARY ACTION**

 **VERBAL WARNING**

 **1st WRITTEN WARNING**

 **2nd WRITTEN WARNING**

 **FINAL WARNING**

 **TERMINATION**

**TERMS OF DISCIPLINARY ACTION***(include employee restrictions and/or guidelines, if any)*

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**\*I acknowledge receipt of this counseling, I understand that I have the option to submit a written rebuttal, and any further infractions of any kind may also result in termination. Also, I acknowledge that repeating this infraction may result in termination from my position.**

**EMPLOYEE STATEMENT** *(optional)*

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**Employee’s Name** *(Print)* **Employee’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature Supervisor’s Title Date**

**CC: Fiscal Intermediary Coordinator**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Coordinator Initial)***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date Received)**