REQUEST FOR DISCIPLINARY ACTION

INSTRUCTIONS: This summary is to be prepared by a supervisor immediately after an incident involving an employee’s performance or conduct occurs when the supervisor has a reasonable basis to believe that discipline may be warranted.

THINGS TO DO:
- Prepare this Incident Summary.
- Obtain signed witness statements.
- Review the completed Incident Summary with your Department Head or Director promptly and have them sign in the space provided below.
- Submit completed Incident Summary, witness statements and any evidence to Labor Relations – For Time and Attendance issues please submit copy of last written counseling and appropriate time sheets.
- Call Employee and Labor Relations if you have any questions.

INCIDENT SUMMARY

Please Print
Employee Name:______________________________________ Title: ________________________
Status:      Probationary / Temporary / Term / Permanent
Shift:_________________________
Date of Incident:______________ Time of Incident:___________ Location of Incident: ____________
Witnesses: Name(s)____________________________________ Work Phone Number __________
Did you personally witness incident?_____________________________________________________
If not, how did you become aware of incident? _____________________________________________
When did you become aware of the incident?______________________________________________
Did the incident involve a patient/guest/student?__________________________________________
If so, did the patient/guest file an incident report?_________________________________________
Describe what happened in detail, i.e., actions and/or statements of the employee(s), instruction to employee(s), statements of witnesses, physical evidence, and your remarks, what did the employee(s) and you do or say

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature of Supervisor/ Date

To: Labor Relations: Please investigate this incident to determine if disciplinary action is warranted.

Employee and Labor Relations:

<table>
<thead>
<tr>
<th>Campus</th>
<th>Zip</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Campus</td>
<td>0751</td>
<td>632-6140</td>
<td>632-1360</td>
</tr>
<tr>
<td>HSC/UH</td>
<td>8229</td>
<td>444-3780</td>
<td>632-2545</td>
</tr>
<tr>
<td>LISVH</td>
<td>9500</td>
<td>444-8617</td>
<td>444-8517</td>
</tr>
</tbody>
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Signature of Department Head/Director