

**SAN JUAN COUNTY FIRE DEPARTMENT**

**Disciplinary Action Notice**

<b>Employee's Name:</b>	<b>Current Title:</b>
<b>Additional attendees present for notice delivery:</b>	<b>Form completed by:</b>
<b>Location of Occurrence:</b>	

<b>Check all that apply</b> <small>Double-click square to Check/Uncheck Box</small>	Options	Supervisor	Employee
<input type="checkbox"/>	Verbal Reprimand		
<input type="checkbox"/>	Written Reprimand		
<input type="checkbox"/>	Probation		
<input type="checkbox"/>	Demotion		
<input type="checkbox"/>	Termination		
<input type="checkbox"/>	Other (specify):		
<b>Is Follow-Up Required?</b>	<input type="checkbox"/> N <input type="checkbox"/> Y   If Yes, please note follow-up date:		

**Grounds for Discipline Based On:**

<b>Check all that apply</b> <small>Double-click square to Check/Uncheck Box</small>	Grounds/Justification	Infraction/Section
<input type="checkbox"/>	Insubordination	
<input type="checkbox"/>	Conduct detrimental to the department	
<input type="checkbox"/>	Drug & Alcohol Policy	
<input type="checkbox"/>	Misuse of equipment	
<input type="checkbox"/>	Failure to comply with SJCFD Policies and Procedures	
<input type="checkbox"/>	Failure to comply with SJC Policies and Procedures	
<input type="checkbox"/>	Other (specify):	

**Comments/ Plan of Action:**

**Signatures of parties involved:**

Supervisor	Title	Date
Employee	Title	Date