



Disciplinary Action

Form 13A

Name _____

Department _____

Supervisor _____

_____ Verbal Reprimand _____ Suspension

Reasons _____

This suspension is from _____ to _____, inclusively.

This is a total of _____ calendar days.

This is to signify that I have read this notice or had it read to me. It does not necessarily indicate that I agree with what it states.

Signature

Date

Supervisor Signature

Date

Superintendent Signature

Date

Distribution - Original to employee personal file; copy to employee