

Department of Finance and Administration Human Resources

**Notice of Disciplinary Action Form**

R 3/11/24

|  |  |
| --- | --- |
| *Name of Employee (Last, First, MI)*Click or tap here to enter text. | *Date*Click or tap to enter a date. |
| *Office Name*Click or tap here to enter text. |
| *Personnel Number*Click or tap here to enter text. | *Business Area*Click or tap here to enter text. | *Personnel Area*Click or tap here to enter text. |
| *Name of Supervisor/Manager*Click or tap here to enter text. | *Phone number*Click or tap here to enter text. |
| *Title of Violated Policy/Employee Handbook Section***DFA Employee Handbook Section 3.12 Discharge for Falsifying Employment Application-****Code of Ethics**  |
| *Action Taken* Verbal Warning Written Warning Suspension [x] Termination |

|  |
| --- |
| *Reason for Disciplinary Action*Section 3.12 of the Department of Finance and Administration (“DFA”) Handbook states the following: Discharge for Falsifying Employment Application: "Any person who is employed by the State of Arkansas and who falsified their employment application shall be terminated from employment with DFA.” |
| *Details of Misconduct*Click or tap here to enter text. |
| *Date(s) of Incident(s)*Click or tap here to enter text. |
| *Consequence(s) for the next Incident*Termination has no further disciplinary consequences. |

**My signature below acknowledges receipt of this Disciplinary Action and does not indicate that I agree with this action.**

|  |  |
| --- | --- |
| *Employee's Signature*  | *Date* |
| *Supervisor's Signature*  | *Date* |