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Department of Finance and Administration Human Resources

**Notice of Disciplinary Action Form**

R 3/11/24

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| *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 Termination | | |

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| *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* |