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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 3.3 Drug-Free Workplace and Employee Drug Testing** | | |
| *Action Taken*  Verbal Warning Written Warning  Suspension Termination | | |

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| *Reason for Disciplinary Action*  Section 3.3 of the Department of Finance and Administration (“DFA”) Handbook states the following: Drug-Free Workplace and Employee Drug Testing: “A DFA employee may be subject to discipline if the drug testing results demonstrate that the drugs are at a level that impairs the work performance, and the employee has failed to notify his or her supervisor that he or she is working in an impaired state. An employee who refuses to submit to a drug test by going to the designated test site within three hours of instruction to do so will be immediately terminated.…” |
| *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*  Additional disciplinary actions may be applied up to and including termination. 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* |