



ARKANSAS DEPARTMENT OF VETERANS AFFAIRS
Notice of Disciplinary Action Form

Name of Employee <i>(Last, First, MI)</i>			Date
Office Name			
Personnel Number	Business Area	Personnel Area	Phone number
Name of Supervisor/Manager			Phone number
Title of Violated Administrative Memorandum or Policy			Policy Number

ACTION TAKEN

- Verbal Warning
- Written Warning
- Suspension (requires 3 days unpaid leave for non-exempt)
(requires 5 days unpaid leave for exempt)
- Termination

Reason for Disciplinary Action
Date(s) of Incident(s)
Consequence(s) for next Incident

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

Print Form

Clear Form