



# City of Kinston

## Report of Disciplinary Action

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Division: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Discipline Imposed on the Basis of:

☐ Performance

☐ Personal Conduct

Describe the incident leading to this action (include dates):

What procedures, policies, or laws were violated?

What problems/losses were caused by the employee's actions?

Has the employee been disciplined previously for similar violations? If yes, cite dates and actions taken.

What instructions or training will the employee be given to prevent reoccurrence?

What disciplinary action is being taken? \_\_\_\_\_ Date of Pre-disciplinary Conference \_\_\_\_\_  
(may not apply in each case)

☐ Conference

☐ Oral Warning

☐ Written Warning

☐ Final Written Warning

☐ Suspension \_\_\_\_\_  
Date

☐ Demotion \_\_\_\_\_  
Date

☐ Dismissal \_\_\_\_\_  
Date

Details of Suspension/Demotion/Dismissal:

Next step if Violations Continue:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Review \_\_\_\_\_  
Name

\_\_\_\_\_ Title \_\_\_\_\_ Date

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employee Comments:

Attach additional information if needed

Employee Signature is to acknowledge receipt of the disciplinary action, not necessarily acceptance of the action. Oral Counseling/Warnings are kept in the departmental files. A non-probationary regular employee who has a final adverse disciplinary action, which includes Dismissal, Demotion or Suspension without pay may file a formal appeal with 15 working days of the final adverse action to the Human Resources Director and the Department Head.

Copy- Personnel/ Department/ Employee