

City of Ozawkie DISCIPLINARY ACTION FORM

Date: _____ Time: _____

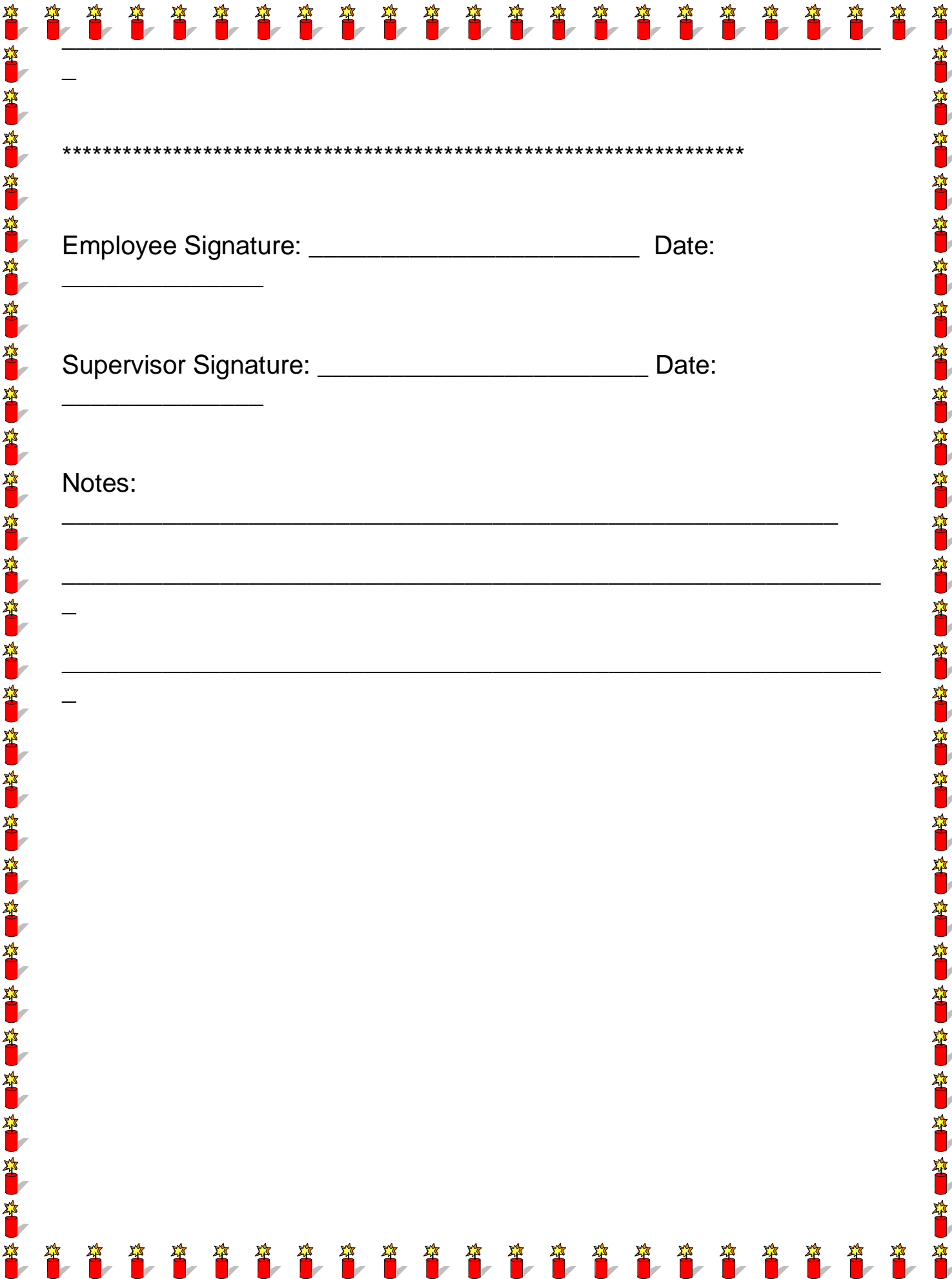
EMPLOYEE

Name: _____ Position: _____

Date/Time of Violation: _____

Description of Violation:

Description of Action Taken:



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Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Notes:

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