

# State of Maine

## Record of Employee Discipline

Employee Name	Employee Number
Job Classification	Date
Department	Work Location
<b>NATURE OF DEFICIENCY</b>	
<b>STEPS NEEDED FOR IMPROVEMENT</b>	
<b>LEVEL OF DISCIPLINE</b>	
<input type="checkbox"/> Written Warning (MSEA & MSLEA) <input type="checkbox"/> Written Reprimand <input type="checkbox"/> Suspension -OR- <input type="checkbox"/> Written in Lieu of Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal	
<b>SUPERVISOR'S SIGNATURE</b>	
Signature	Date
<b>Employee's Remarks - Please check one of the boxes below and add any further clarifying comments.</b>	
<input type="checkbox"/> I agree with the statements above <input type="checkbox"/> I disagree with the statements above. Indicate areas of disagreement below.	
<b>Employee's Signature - Please read the statement below and sign.</b>	
I have read and understand the nature of this discipline and further understand that if this deficiency persists, it may result in further disciplinary action up to and including dismissal.	
Employee's Signature	Date
<input type="checkbox"/> I refuse to sign. Initial: _____	
<b>Witness's Signature - Please read the statement below and sign.</b>	
The above discipline has been explained to this employee and he/she understands its seriousness.	
Supervisory Witness's Signature	Date
Employee Rep Signature (if present)	Date