

State of Maine

Record of Employee Discipline

Employee Name	Employee Number
Job Classification	Date
Department	Work Location
NATURE OF DEFICIENCY	
STEPS NEEDED FOR IMPROVEMENT	
LEVEL OF DISCIPLINE	
<input type="checkbox"/> Oral Warning (MSEA - OM&S Only)	<input type="checkbox"/> Suspension
<input type="checkbox"/> Written Warning (MSEA & MSLEA)	<input type="checkbox"/> Demotion
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Dismissal
SUPERVISOR'S SIGNATURE	
Signature	Date
Employee's Remarks - Please check one of the boxes below and add any further clarifying comments.	
<input type="checkbox"/> I agree with the statements above <input type="checkbox"/> I disagree with the statements above. Indicate areas of disagreement below.	
<hr/> <hr/> <hr/>	
Employee's Signature - Please read the statement below and sign.	
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 <input type="checkbox"/> I refuse to sign. Initial: _____	Date
Witness's Signature - Please read the statement below and sign.	
The above discipline has been explained to this employee and he/she understands its seriousness.	
Supervisory Witness's Signature	Date
Employee Rep Signature	Date