

Positive Discipline

Oral Reminder

TO: NAME & EMPLID
FROM
DATE
SUBJECT: Counseling, Oral Reminder, or Disciplinary Action

In the past 2 weeks you:

1. Reported to work five times at 8:15.
2. Have also missed 3 deadlines.
3. Failed to make copies of information required for tomorrow's meeting.

You must:

1. Report for work by 8 AM and ready to begin working.
2. Meet future deadlines.
3. Have those copies on my desk by 5 PM.

I have asked you to begin your travel time to work earlier. I have offered to let you delay other projects so you could meet your last 3 deadlines. If you need further assistance on the copier, please get with X by TIME in order that you have those copies to me by 5:00 PM.

I must see immediate improvement in your arrival to work and you must meet your next deadline. Failure to do so will result in further disciplinary action up to and including termination.

Supervisor: Signature / date.

Employee's signature / date. Your signature indicates you have received this memo.

If employee refuses to sign, have a witness sign & under their signature will be indicated:

Witness signature / date. Your signature indicates that you have knowledge that the department has attempted to give this information to the employee.

c: Internal copies to immediate supervisor, Dean, Director or VP
OHR.

Written Reminder

TO: NAME & EMPLID
FROM
DATE
SUBJECT: Counseling, Written Reminder, or Disciplinary Action

Employee, as I outlined for you in a memo dated XX, you were to correct the following behaviors:

1. Be here by 8 AM and ready to begin working.
2. Meet deadlines.
3. Insure I have copies necessary for meetings that I am to attend.

You were asked to correct these behaviors. You have been late twice in the past 2 weeks and you asked to work overtime to meet one of your deadlines. You will not be allowed to work overtime or to make up time; you must be here by 8 AM.

You need to organize your work area in order that you can meet your deadlines. I have monitored the time necessary to meet the deadlines required of you, and you should be able meet my expectations. On XX date you once again missed having packets ready for the meeting with the Provost.

As indicated before, you must correct these behaviors. I plan to meet with you on Friday at 11 AM to go over the week. If you are late again or you miss deadlines given to you, you will leave me no choice but to give you time to determine if this is the job for you (or just go straight to the following statement). You must understand that failure to correct these issues will result in further disciplinary action up to and including termination.

Supervisor Signature / date

Your signature indicates only that you received this memo.

Employee signature / date

If employee refuses to sign, have a witness sign. The witness's signature indicates knowledge that the department has attempted to give this memo to the employee.

Witness signature / date

c: Internal copies to immediate supervisor, Dean, Director or VP
Academic Areas: Senior Vice-Provost

Decision Making Leave notices

TO: NAME & EMPLID
FROM
DATE
SUBJECT: **Decision Making Leave**

Employee, as I outlined for you in memos dated XX, you were to:

- 1. Be here by 8 AM and ready to begin working.
- 2. Meet deadlines.
- 3. Insure I have copies necessary for meetings that I am to attend.
- 4. Meet with me on Fridays to go over the week and prepare for the following week.

You were asked to correct these behaviors. Since my last memo to you on DATE (2nd memo), you have been late twice. You must be here by 8 AM.

You did well on getting to work the past 2 weeks. However, you continue to miss deadlines and the work that you have been doing contains easily correctible errors. You missed your meeting with me on Friday XX date without letting me know that you could not be there.

You leave me no choice but to give you time to determine if this is the job for you. You are being placed on Decision Making Leave. Upon your return, you and I will discuss any issues or concerns that you may have about your duties and responsibilities. I am willing to work with you, but I want to give all of this serious consideration. Upon your return on DATE/TIME you must present me with the attached Employee’s Response to Decision-Making Leave. This is part of your return to work and without it you will not have met the criteria to return to work. Failure by you to meet expectations will result in termination.

Supervisor Signature / date

Your signature indicates you have received this memo.

Employee signature / date

If employee refuses to sign, have a witness sign. The witness’s signature indicates knowledge that the department has attempted to give this memo to the employee.

Witness signature / date

c: Dean, Director or VP
OHR – Employee Relations

MEMORANDUM

TO:

FROM:

DATE:

RE: NOTICE OF PLACEMENT ON DECISION-MAKING LEAVE

You have been involved in several incidents of inappropriate conduct with a co-worker, _____, which resulted in a meeting being held to try and address the issues. Your department chair, _____, and I were present to facilitate the meeting. However, the events of June 6, 2007, clearly indicate that there has been no resolution of the issues we discussed.

You are hereby notified that you are being placed on paid administrative leave for one day, June ____, 2007. You are being placed in this leave status to allow you the opportunity to determine whether you wish to continue employment with the University of Oklahoma Health Sciences Center.

Once your leave period is completed, you shall report to your supervisor, _____ at ____ a.m., June ____, 2007 to discuss whether or not you wish to continue your employment. If so, you must agree to take positive steps to correct past conduct issues with _____. You and your supervisor will document what steps are required and determine the amount of time you will be allowed to improve your behavior.

This is a confidential personnel matter. In order to protect your confidentiality, the rights of other employees and clients, you are requested not to communicate any information regarding this matter with other employees.

Employee Signature

Date: _____

Disciplinary Leave of Absence

DATE

Dear X,
EMPLID: _____

You were involved in an incident on xx/xx/xx that occurred in the [location].

An investigation was conducted and it was determined that you:

- Describe behavior or conduct

This behavior is in direct violation of [cite rule, regulation, policy].

This is not the first time you have engaged in behavior which violated policy.

On xx/xx/xx, I gave you an oral reminder about

On xx/xx/xx, you received a written reminder after a similar occurrence in which you ...

I have determined that disciplinary leave is warranted. You are hereby placed on disciplinary leave without pay for 5 working days beginning at [time] on xx/xx/xx and ending at [time] on xx/xx/xx. At the end of this disciplinary leave, you are expected to report for work on your regular schedule.

It is imperative that this behavior cease.

If you do not comply with departmental rules, you will be terminated.

This notice will be placed in your permanent record with the University.

Sincerely,

Supervisor

Acknowledgement of Receipt

Your signature indicates that you have received this information.

Signature of Employee: _____

c: Dean/Director
VP
Office of Human Resources

Serious Incident Report

Name of Employee: _____

Employee's Job Title: _____

Date/Time of Incident: _____

Location: _____

Description of Incident: _____

Witnesses: _____

Was the incident in violation of policy, rule, regulation or law? Yes No

If yes, specify how the incident violated it. _____

Recommended Action

What action should be taken against the employee? _____

Has the impropriety of his/her actions been explained to the employee? Yes No

What explanation did the employee offer for his/her conduct? _____

Report prepared by: _____

Date: _____

Employee Counseling / Action Summary

Provide a copy of the document used to the employee and keep a copy for your files. Contact the Human Resources Employee Relations office before taking any actions that will result in the termination of employment.

Employee:		EMPL ID:	
Supervisor:		Date of violation:	Date of warning:
Is the employee in a probationary period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the employee in a temporary appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the employee a student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have there been previous warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Check all that apply.	
Action	Date(s)	Briefly describe the nature of the inappropriate behavior.	
<input type="checkbox"/> Oral reminder*			
<input type="checkbox"/> Written reminder*			
<input type="checkbox"/> Decision making leave*			
<input type="checkbox"/> Administrative LWOP*			
<input type="checkbox"/> Termination*			
* NOTE: The original of this document must be sent to the human resources employee relations representative for any actions more severe than a oral reminder.			
Nature of the current violation. Provide the facts. Describe in detail below, on back, or attach a sheet.			
<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Harassing others	<input type="checkbox"/> Violence	<input type="checkbox"/> Theft
<input type="checkbox"/> Inappropriate Conduct	<input type="checkbox"/> Clocking In/Out Problems	<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Other
Describe the violation:			
Objectives - What behavior do you expect?			
Solutions - What has been done to help the employee succeed?			
Actions - What actions will be taken if the above objectives are not met? In addition to your actions for the specific situation, this section normally contains the following statement: "I know you can succeed in correcting your behavior; however, future violations will result in further disciplinary action(s) up to and including termination."			
Employee's comments (attach sheet if needed)			
NOTE: Your signature indicates only that you have received this information.			
Employee's Signature:		Date:	
Supervisor's Signature:		Date:	