



Travis County ESD #5

Notice of Unacceptable Performance or Behavior

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Notice of Unacceptable Performance or Behavior			
Member Name:		Date of Incident:	
Supervisor:		Date of Action:	
Supervisor Conducting Disciplinary Action:			
Type of Disciplinary Action			
<input type="checkbox"/> Supervisor Counseling: <input type="radio"/> Oral <input type="radio"/> Written	<input type="checkbox"/> Suspension <input type="radio"/> With Pay <input type="radio"/> Without Pay		
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Demotion		
<input type="checkbox"/> Restricted Duty	<input type="checkbox"/> Termination		
Summary of Incident: (who, what, where, when, why/how, relevant history)			
Department Policy Violations: (Rules/Regulations, SOGs, Memos, Orders)			
Corrective Action: (Disciplinary action, Training requirements, time period of action, etc.)			
Follow Up Time-Line:		Follow Up Results:	
Member Signature:			Date:
Supervisor Conducting Disciplinary Action Signature:			Date: