Galveston County Official Discipline Notice

Name of Employee		**Date of Notice**	
Name of Supervisor		**Department**	
Name of Dept. Head		**Employee Title**	

Check one	**Verbal Clarification**		**Warning**		**Suspension**		**Dismissal**		

Specific Issues, Dates and Detailed Actions: (Separate documents may be attached)

Specific tactics, behaviors and changes needed: (Separate documents may be attached)

Your performance will continue to be monitored throughout your time at the county.
If your performance does not improve, if other infractions occur, or you are unable to perform satisfactorily, you will be subject to additional disciplinary action up to and including termination.

By signing this form, you confirm that you understand the information in this counseling/disciplinary notice. You also confirm that you and your manager have discussed the notice and a plan for improvement if applicable. Signing this form does not necessarily indicate that you agree with this notice. You may appeal this notice with the Chief HR Officer and/or add your comments to your personnel file.

Signature **Date**

Witness Print Name

Witness Signature

Galveston County Employee Appeal of Discipline Notice

I,_____ wish to file an appeal with Human Resources to review the attached Discipline Notice.

(Print Name)

Comments:

(Separate documents may be attached)

By signing below I attest that all statements I have made are true and that I understand that this document will be filed in my personnel file. I also acknowledge that only my Department Head/Elected Official to whom I report, the CHRO or the County Judge have the right to reverse and/or revise my disciplinary notice.

Signature

Date