

# County of Goliad



## Disciplinary Write Up

(All Disciplinary Write Up Forms are required to be done by Department Heads and relayed to the County Judge & County Treasurer)

**Supervisor:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Employee/Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Within Probationary Period:**    Yes    /    No   

**Nature of Incident:** (USE BACK OF FORM IF NEEDED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Disciplinary Step:**
- First Discussion**
  - Verbal Warning**
  - Written Warning** (REQUIRES CONSULTATION WITH HUMAN RESOURCES)
  - Final Warning with Possible Suspension**
  - Termination of Employment According to Employment Status**

**Action Plan For Improvement:** (USE BACK OF FORM IF NEEDED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Comments:** (USE BACK OF FORM IF NEEDED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's signature indicates that this matter was discussed with him/her. It does not indicate agreement.

\_\_\_\_\_  
**Employee Signature**                      **Date**

\_\_\_\_\_  
**Supervisor Signature**                      **Date**