



Medina County Commissioners

DISCIPLINARY/COUNSELING REPORT

Name: _____ Dept.: _____ Date: _____

Time of Meeting: _____ AM PM

ACTION:

Counseling Verbal Warning Written Warning Suspension: _____ # Days Termination

List date(s) of previous counseling or disciplinary action(s) and attach copies of previous actions which this report is based upon:

DESCRIPTION OF ISSUE (Attach additional comments if more space is required):

Further violation of Medina County policies will result in additional disciplinary action up to and including removal. By signing below you acknowledge you have received this notice.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Witness: _____ Date: _____

- Copy Distribution:
1. Human Resources
2. Department file
3. Employee