Catholic Diocese of Saginaw
EMPLOYEE DISCIPLINE FORM

Parish or Other Employing Unit:_____

Name of Employee:_____ **Date:**_____

Concise Statement of Cause for Discipline:_____

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Level of Discipline: ☐ **Written Warning** ☐ **Suspension** ☐ **Discharge**

Employee Comments:_____

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Supervisor's Signature:_____

Employee Acknowledgment of Receipt:_____

Copy to: ☐ **Employee (required)**
☐ **Personnel File (required)**