

# ARKANSAS FORESTRY COMMISSION DISCIPLINARY/INCIDENT REPORT

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date of Violation: \_\_\_\_\_ Offense Level (1-5): \_\_\_\_\_

If employee is suspended because of this incident, please circle appropriate days: three days / five days / ten days  
If temporary suspension with pay \_\_\_ or without pay \_\_\_, list how long:

\_\_\_\_\_

Description of Offense \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S STATEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is employee on new hire or promotion probation? Y / N    On performance probation? Y / N

Has employee been counseled before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List all counseling sessions with employee, subject matter of sessions, and dates \_\_\_\_\_

\_\_\_\_\_

Has employee received a written warning before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List all written warnings given to employee, subject matter of warnings, and dates \_\_\_\_\_

\_\_\_\_\_

List names of those present at disciplinary session: \_\_\_\_\_

\_\_\_\_\_

EXPECTED RESULTS FROM EMPLOYEE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE'S STATEMENT (absence of employee statement indicates agreement with above statements) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature/Date

\_\_\_\_\_  
Supervisor's Signature/Date

7/1/03

Original: AFC Personnel Manager

Copy: Employee and Supervisor