

City of Monroe

Employee Action Notice

Employees' Name	Position	Date(s) of Incident(s)

Description of Incident and Violation:

Action Taken:

_____ Verbal Reprimand

_____ Suspension

_____ Written Reprimand

_____ Termination

<p>IMMEDIATE AND SATISFACTORY IMPROVEMENT MUST BY SHOWN OR FURTHER DISCIPLINARY ACTION WILL BE TAKEN, UP TO AND INCLUDING SUSPENSION OR TERMINATION.</p>

Supervisor Comments:

Supervisor's Signature: _____ Date: _____

Employee Statement: (not required)

**MY SIGNATURE BELOW ONLY DENOTES THAT I HAVE READ AND RECEIVED A COPY OF
THIS NOTICE AND IN NO WAY IMPLIES THAT I AGREE WITH THE CONTENTS.**

Employee's Signature

Date

Department Director Signature: _____ Date: _____