



DISCIPLINARY REVIEW CHECKLIST

Employee Name: _____ Date Recvd: _____
Department: _____ Title: _____
Employment Status: _____ Years of Service: _____
Recommended Action: _____

Department of Human Resources

Personnel Rule/Admin. Reg. Violation : _____

Previous Disciplinary Actions: _____

Performance Evaluation Rating(s): _____

Pre-Disc. Conference: _____ Comments: _____

HR Reviewer: _____ Concur: _____

Office of the City Attorney

Recommend Approval: _____ Recommend Disapproval: _____

Reason for Disapproval: _____

Law Dept Reviewer: _____ Date: _____

*Not Applicable to
Line Management*