



DISCIPLINARY REVIEW CHECKLIST

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

DEPARTMENT OF HUMAN RESOURCES

Personnel Rule/ Administrative Regulation Violation:

Previous Disciplinary Actions:

Performance Evaluation Rating(s):

Pre-Disciplinary Conference:

Comments:

HR Reviewer:

Concur:

OFFICE OF THE CITY ATTORNEY

Recommend Approval:

Recommend Disapproval:

Reason for Disapproval:

Law Department Reviewer:

Date: