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DISCIPLINARY ACTION FORM

Name of Employee _____ DC 5.04 _8 TJ 0 Tc 0 Tw 6.813 0 Td ()Tj EMC /P <</MCI

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations and I am signing this review prior to it being placed in my personnel file. I also understand the corrective actions to be taken by my supervisor and consequences if my improvement is unsatisfactory or I receive further disciplinary actions.

Employee Signature: _____ Date: _____