

ARKANSAS SCHOOL FOR THE BLIND

<u>Policy Type</u>	<u>Subject of Policy</u>	<u>Policy No.</u>
Administrative	Employee Conduct Standards Policy and Procedures	1011

ARKANSAS SCHOOL FOR THE BLIND
Counseling Statement

INSTRUCTIONS: This form is to be used to document counseling provided to an employee. The original copy of this form is to be filed in the supervisor's file on the employee. The Counseling Statement will be destroyed at the end of the performance cycle in which the statement was issued, or at the end of six months, whichever is later. Provide the employee with one copy of the completed counseling statement.

Employee's Name: _____
(Please print or type)

Date of Counseling: _____

Describe the activity observed. (Be specific as to nature of the activity, date and time):

Employee conduct/performance expected in the future:

Consequences if activity observed is repeated:

Supervisor's Signature: _____ Date: _____

HR Manager's Signature: _____ Date: _____

I have read and received a copy of the above statement. I do ☐ do not ☐ wish to submit written comments of my own and about this matter.

Employee's Signature

Date

ASB-1131 (12/1/03)

ARKANSAS SCHOOL FOR THE BLIND

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Administrative	Employee Conduct Standards Policy and Procedures	1011

Arkansas School for the Blind
Notice of Disciplinary Action
ASB-1173

Employee's Name _____ Personnel Number: _____
(Please type or print)

PTS LEVEL OF DISCIPLINE

- 1.....Verbal Warning.....VW cannot be removed from the personnel file and will be counted for progressive disciplinary purposes.
3.....Written Warning.....WW cannot be removed from the personnel file and will be counted for progressive disciplinary purposes.
6.....Suspension.....S cannot be removed from the personnel file and will be counted for progressive disciplinary purposes.

Number of Points accumulated prior to this violation _____
Level of discipline and points assigned for this violation _____
Number of points accumulated with this violation _____

1. Policy and Standard violated: _____
2. Cause for disciplinary action (Be specific as to nature of offense, date and time): _____
3. Number of and date (s) of prior violation(s) utilized for point accumulation and/or progressive discipline: _____
4. Disciplinary Action taken for this violation: _____
5. Employee conduct expected in future: _____
6. Consequences upon next breach of violated standards: _____

Supervisor's Signature and Date

HR Manager's Signature and Date

I have read and received a copy of the above statements and have knowledge of the ASB Uniform Internal Grievance Procedure Policy 1015. Probationary status employees are not eligible to receive the ASB Uniform Internal Grievance Procedure Policy 1015. My signature below denotes only knowledge of actions taken and does not necessarily imply agreement.

Comments: _____

Employee's Signature and Date

Cc: Employee
Originating Supervisor
ORIGINAL TO: Personnel Office

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NOTICE OF DISCHARGE FORM
ASB-1174

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1. Policy and Standard violated: _____
 2. Cause for discharge (Be specific as to nature of offense, date and time):

 3. Number of and date (s) of prior violation(s) utilized for point accumulation and/or progressive discipline:

Superintendent's Signature and Date

HR Manager's Signature and Date

I have read and received a copy of the above statements and have knowledge of the ASB Uniform Internal Grievance Procedure Policy 1015. Probationary status employees are not eligible to receive the ASB Uniform Internal Grievance Procedure Policy 1015. My signature below denotes only knowledge of actions taken and does not necessarily imply agreement.

Comments: _____

Employee's Signature and Date

Cc: Employee
Originating Supervisor
ORIGINAL TO: Personnel Office