## For legacy UMDNJ Positions



## STAFF DISCIPLINARY NOTICE

Last Name		First Name				University ID#			
Department					Position Tit	le			
Date of Hire	/	_/	Today's Dat	e	//	Date	of Last Notice	/	
Violation: (list or state as briefly as possible)									
Details of Violation: (explain as specifically and comprehensively as possible, attach additional sheets if necessary, include dates)									
Disciplinary Action: (check one)									
☐ Written Warning							Union Rep	oresentative Present	
☐ Written Warning in Lieu of ☐ Days (Shifts) Suspension * ☐ Days (Shifts) or Deduction of ☐ Days (Shifts)/Vacation						ifts)/Vacation	1 1 1	nber Declined presentative	
Suspension for Days (Shifts) or Deduction of Days (Shifts)/Vacation						its)/ vacation		ered by a Union	
Demotion Effective / /									
Termination Effective / /									
	r's Signature / / - ——		**Staff I	Member	r's Signature / /			nature (optional)	
Print Name **Please note exempt staff may not be docked or suspended without pay,									
Telephone however, may be issued a warning in lieu of same.  **Staff Member's Signature Indicates Receipt, Not Agreement									
- As soon as possible after a decision is made, complete this form, have the staff member sign the form and distribute the copies.									
several weeks	s based on the	e operation	nsions be served imr al needs of the depa ninations must be ap	artment.	•			of time or spread out over	

cc: Human Resources, Staff Member, Originating Department and Union (forward within 72 hours)