

**South Carolina Department of Public Safety**

**Human Resources Office**

**Disciplinary Report**

|  |  |
| --- | --- |
| Employee's Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel No: :nnnnnnnnnnnoNNONNNno: NONAL : |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Division: |  | Violation Date: |  |

Disciplinary action is being requested for the above-named employee for the following reasons:

|  |
| --- |
|  |

(Attach Additional Paper If More Space is Needed.)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| DATE |  | SUPERVISOR |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| DATE |  | DEPUTY DIRECTOR |

**FORWARD TO THE HUMAN RESOURCES OFFICE FOR REVIEW AND**

**APPROVAL PRIOR TO IMPOSING DISCIPLINARY ACTION**