**South Carolina Department of Public Safety**

**Human Resources Office**

**Disciplinary Report**

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| Employee's Name: |       |

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

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

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

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|       |

(Attach Additional Paper If More Space is Needed.)

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|       |  |  |
| DATE  |  | SUPERVISOR |

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

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

**APPROVAL PRIOR TO IMPOSING DISCIPLINARY ACTION**