

ARKANSAS SCHOOL FOR THE DEAF

Policy Type	Subject of Policy	Policy No.
Administrative	Employee Conduct Standards Policy and Procedures	1010

ARKANSAS SCHOOL FOR THE DEAF  
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.** 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: \_\_\_\_\_

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

ASD-1131 (12/1/03)

ARKANSAS SCHOOL FOR THE DEAF

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Arkansas School for the Deaf
Notice of Disciplinary Action
ASD-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 ASD Uniform Internal Grievance Procedure Policy 1014. Probationary status employees are not eligible to receive the ASD Uniform Internal Grievance Procedure Policy 1014. 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  
ASD-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 ASD Uniform Internal Grievance Procedure Policy 1014. Probationary status employees are not eligible to receive the ASD Uniform Internal Grievance Procedure Policy 1014. 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