Substitute Disciplinary Report

Substitute: _______________________________ Date: __________________

Department/Campus: _______________________________

Date of Incident: ___________________ Action to be Taken: □ Suspension from Campus

State the facts of the incident:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Witnesses to Incident:

_____________________________________________________________________________________ 

Explanation by the substitute or other significant information:

_____________________________________________________________________________________ 

_____________________________________________________________________________________

Nature of Incident:

- Disorderly conduct
- Leaving without permission
- Lack of cooperation/teamwork
- Threatening/engaging in violence
- Violation of safety rules
- Substandard work
- Profane/abusive language
- Discourteous toward public
- Use of drugs/alcohol/tobacco
- Theft
- Tardiness
- Harassment
- Disobeyed directive
- Improper conduct
- Sleeping during work hours
- Other ____________

Consequences of failure to improve: □ 1st & 2nd Campus Suspension – Removal from Indicated Campus
□ 3rd Campus Suspension – Removal from GISD Substitute System

This report is to be made part of the official record of the above-mentioned substitute. I have read this report. I understand that my signature does not necessarily indicate that I agree with its content.

Substitute Signature: _______________________________ Date: __________________

Supervisor Signature: _______________________________ Date: __________________

HR Signature: _______________________________ Date: __________________