



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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Disorderly conduct | <input type="checkbox"/> Theft | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Leaving without permission | <input type="checkbox"/> Substandard work | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Lack of cooperation/teamwork | <input type="checkbox"/> Violation of safety rules | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Threatening/engaging in violence | <input type="checkbox"/> Dress code | <input type="checkbox"/> Disobeyed directive |
| <input type="checkbox"/> Violation of policies/procedures | <input type="checkbox"/> Profane/abusive language | <input type="checkbox"/> Improper conduct |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Discourteous toward public | <input type="checkbox"/> Sleeping during work hours |
| <input type="checkbox"/> Destruction of District property | <input type="checkbox"/> Use of drugs/alcohol/tobacco | <input type="checkbox"/> 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: _____