

HUMAN RESOURCES INCIDENT REPORT

A copy of this form and any attachments should be kept in the department. Send originals to Human Resources. For assistance, contact Human Resources at **808-675-4582** or by emailing **EmployeeRelations@byuh.edu**.

EMPLOYEE INFORMATION	
Employee Name:	Employee ID:
Position:	Supervisor:
Department:	
Administrative	Staff
Student Employee	Other:
TYPE OF ACTION	
<p>Corrective action should take into consideration the circumstances of the incident and the employee’s record. Corrective action ranges from a verbal warning to immediate termination/resignation. Progressive corrective action is NOT required. Employee Relations (EmployeeRelations@byuh.edu) should be consulted before proceeding with corrective action.</p>	
Verbal Warning (original-dept.;copy-employee)*	Suspension
Written Warning	Start Date: End Date:
Final Written Warning	Termination Effective Date:
Other:	
<i>*If future disciplinary action is taken, a copy of the Verbal Warning is sent to HR to put in the employee’s personnel file.</i>	
INCIDENT DETAILS	
Date of Incident:	Time of Incident:
Description of the Incident:	

Description of the Incident (continued):

Supporting Evidence (please describe or attach any relevant documentation):

Corrective Action Plan:

The employee is invited to submit a written response on or before:

Employee's Comments:

Follow up:	Two Weeks	One Month	Three Months	Six Months
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ACKNOWLEDGMENTS

I acknowledge receipt of a copy of this Human Resources Incident Report and confirm that it has been discussed with me. I understand that my signature does not imply agreement, and that refusal to sign will not invalidate the corrective actions outlined. Additionally, I understand that I have the option to submit a written response.

Employee Signature:

Supervisor Signature:

Date:

Date: