



Human Resources Incident Report

Employee.Relations@byuh.edu

EMPLOYEE: _____
DEPARTMENT: _____
SUPERVISOR: _____

ID Number: _____
POSITION: _____

Administrative **Staff** **Student Employee** **Other:**

TYPE OF ACTION:

Corrective action should take into consider the circumstances of the incident and the employee's record. Corrective action ranges from verbal warning to immediate termination/resignation. Progressive corrective action is NOT required. Employee Relations (Employee.Relations@byuh.edu) should be consulted *before* proceeding with corrective action:

- Verbal Warning (send follow-up email to employee)
 - Written Warning
 - Final Written Warning
 - Suspension: Begins: _____ Ends: _____
 - Termination/Resignation: Effective: _____
 - Other
-

Date of Incident: _____ Time of Incident: _____

Description of the Incident:

Supporting Evidence, if any (please describe or attach related documentation):

Corrective Action Plan:

Employee's Comments: the employee is invited to submit a written response on or before – **Date:**

Follow up: Two weeks One month Three months Six months

I acknowledge receipt of a copy of this Human Resources Incident Report and it has been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the corrective action prescribed. I also understand that I may submit a written response.

Employee Signature

Date

Manager/Supervisor Signature

Date

Dept.: _____

*A copy of this Human Resources Incident Report and any attachment(s) should be kept in the Department.
Send original(s) to Human Resources (ext. 5-3513 or email to Employee.Relations@byuh.edu)*