

SCOTTS VALLEY FIRE PROTECTION DISTRICT

NOTICE OF FORMAL DISCIPLINE

Employee's Name _____ Rank _____

Shift _____ Time _____ Date of Notice _____

Form of Discipline Imposed:

- Date of Violation _____ Written Reprimand
 Time of Violation _____ Suspension Without Pay
 Place Violation Occurred _____ Salary Reduction and/or Demotion
 Policy/SOP Violated _____ Termination

Investigation Disposition:

FIRE DEPARTMENT REMARKS

EMPLOYEE'S RESPONSE

The absence of any statement on the part of the EMPLOYEE indicates his/her agreement with the report as stated.

I have entered my version of the matter above.

Employee's Signature _____ Date _____

ACTION TO BE TAKEN

Approved By _____
(Name) (Rank) (Date)

I have read this notice and understand it.

Employee's Signature _____ Date _____

Signature of person who prepared the notice	Title	Date
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DISTRIBUTION OF COPIES

- Employee Fire Chief
 Supervisor

Supervisor's Signature	Date
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