CWA Local 1000 – Disciplinary Discussion Statement

TODAY'S DATE: _____(DATE OF INCIDENT)

MEMBER'S NAME:_____

MEMBER'S TITLE:_____ MEMBER'S OFFICE:_____

STEWARD'S NAME/OFFICE:_____

NAME(S) OF MANAGER(S) PRESENT: _____

_____

REGIONAL ATTENDANCE PLAN (RAP)

STEP 1: _____ STEP 2: _____ STEP 3: _____ STEP 4: _____ STEP 5: _____

SUSPENSION: _____ DISMISSAL: _____ TARGET DATE: _____

PERFORMANCE – ACTION TAKEN

DISCUSSION: _____ WARNING: _____ SUSPENSION: _____

INDEFINITE SUSPENSION: _____ DISMISSAL: _____

PERFORMANCE – REASON FOR DISCIPLINARY ACTION TAKEN

_____

_____

DISCUSSION

DISCUSSION (Continued)