

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

## LETTER TO:

Name of Employee: \_\_\_\_\_ R# \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**SUBJECT:** (check one) \_\_\_\_\_ **LETTER OF DISCIPLINARY REPRIMAND**  
\_\_\_\_\_ **LETTER OF DISCIPLINARY SUSPENSION**  
(From \_\_\_\_\_ to \_\_\_\_\_ )  
\_\_\_\_\_ **LETTER OF FINAL WARNING**

The intent of this notice is to inform you that your performance has not been satisfactory for the reasons indicated below and to provide you with an opportunity to correct this situation. If this situation is not corrected, you will be subject to further disciplinary action.

1. Dates and explanation of incidents of previous counseling sessions:

2. Specific examples of the problems leading to this disciplinary action (reference specific policy or policies violated):

3. Specific action that you need in order to improve:

4. The time frame for improvement to be accomplished:

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

**LETTER TO:** (Continued)

Name of Employee: \_\_\_\_\_ R# \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

You are expected to achieve and to continue to maintain an acceptable level of performance for the duration of employment. Failure to do so will lead to further disciplinary action.

You may respond to this counseling in writing and that response will be placed in your personnel file.

Signing this form does not indicate agreement, but only signifies you have been informed of the above action and have received a copy of the discipline notice.

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

For Disciplinary Suspension / Letter of Final Warnings ONLY:

Reviewed

Signature of AVP Human Resources: \_\_\_\_\_ Date \_\_\_\_\_

xc: Human Resources  
Employee  
Supervisor