

ACTION MEMORANDUM



TO:

DATE:

FROM:

CC: Human Resources

RE: (check boxes that apply)

Level of Action: (choose one)

- ☐ Kean University Policy/Procedure Violation
- ☐ Performance Transgression/Substandard Performance
- ☐ Behavior/Conduct Infraction
- ☐ Absenteeism/Tardiness
- ☐ Other:

- ☐ Counseling
- ☐ Written Warning (WW)
- ☐ Referral to Human Resources for formal disciplinary action

Incident Description & Supporting Details

*Include the following information: Time, Place, Date of Occurrence, and Persons Present as well as Organizational Impact, if any.

Expectation (*For Counseling/WW only):

In our session on _____ you stated (*For Counseling/WW only):

For Counseling & Written Warning:

☐ I noted your concerns but reiterated that your behavior/conduct was unacceptable and cannot reoccur. Should your disregard for established policies/procedures continue or reoccur, you may be subject to additional corrective action and discipline consistent with University policies and procedures.

For HR Referral:

☐ Consequently, this Memo shall serve as a referral to the Office of Human Resources to take formal disciplinary action.

Employee Signature
Signature only confirms receipt.

Date Received

*Please scan and send document to EmpRelations@kean.edu