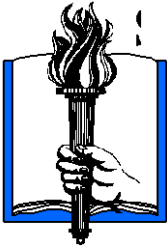


**MURFREESBORO CITY SCHOOLS
ADMINISTRATIVE DIRECTIVES**



Descriptor Term: Employee Warning/Suspension/ Dismissals/Non-Renewals/ Resignations Licensed and Non-Licensed	Descriptor No: AD PER3	Effective Date: 8/92
	Reviewed/Revised: 3/99; 6/08; 2/11; 4/12; 2/14; 6/14; 9/18;7/19	

1 An "Employee Corrective Counseling Form" should be used to document disciplinary actions.
 2 (See Attachment.) A copy of this along with any other related matters, evaluations or other
 3 documents should be immediately forwarded to the Assistant Superintendent for Human
 4 Resources and ESP for appropriate filing and future reference.

5
 6 Please note: Suspensions and dismissals must be pre-approved by the Assistant Superintendent
 7 for Human Resources.

8
 9 HOWEVER, IF A SAFETY, OTHERWISE SERIOUSLY DISRUPTIVE OR BLATANTLY
 10 INTOLERABLE ISSUE ARISES, and it is not practical or possible to immediately discuss with
 11 the Assistant Superintendent of Human Resources or the Director of Schools, the principal or
 12 supervisor should in accordance with good judgment, immediately suspend the employee with
 13 pay until further notice, ask the employee to leave the premises, use law enforcement assistance
 14 anywhere in this process as needed and notify the Human Resources Office as quickly as
 15 possible/practicable.

16
 17 Once Human Resources is notified of an employee leaving their employment, an exit interview
 18 form will be sent to the employee by Human Resources.

19
 20 Employment/status forms must be sent to the Human Resources Department when any changes
 21 occur regarding an individual's employment.

22
 23
 24 Attachment: Employee Corrective Counseling Form

25
 26
 27 Related Board Policies – 5.200, 5.201

28
 29
 30
 31
 32
 33
 34

35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66

Employee Corrective Counseling Form

Employee Name: _____ Department: _____

Job Title: _____

Which form of counseling applies? (In accordance with AD 22)

Verbal Warning Suspension with pay / without pay
 Written Warning Beginning on _____ and ending _____

Reason(s) for the Action:

Action Steps for Improvement:

Employee Comments:

Employee Signature Date Given By Date

(My signature means that I have been given oral and written explanation of the above. My signature does not mean that I agree with this review.)