



## Disposition

**Employee:**

**Date of incident:**

Disposition:

\_\_\_\_\_  
Signature of person making the disposition

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date/Time

***Your signature indicates that this matter has been brought to your attention.  
It is not an admission of guilt. You are entitled to a hearing.***

Employee requests a hearing.

Employee waives a hearing.

No Copy to Union

Copy to Union

\_\_\_\_\_  
Union Officer Initials/Date/Time