## ARIZONA STATE PERSONNEL SYSTEM ADOA DISCIPLINE AND DISMISSAL GUIDANCE WORKSHEET

(to be completed by manager)

Employee Name			EIN
Manager Name			Mgr. Phone
Manager Email			
		uidance on important factors to respond to any ADOA requests	consider when preparing to discipline or for additional information.
If the employee is AZ P prior to any investigative		ould ensure that applicable notice	e rights are provided to the employee
Please summarize t	he behavior or perfori	mance issues that you have bee	n having with the employee.
2. How long has the e	employee been emplo	oyed by the State? How long h	as the employee been in his/her current
	is sought because of		tory behavior or performance? Note: or for egregious conduct, please provide
Written/email do	ocumentation of perfo	rmance/behavior conversation	
Letter of Reprim	nand	Performance Improvement Plan	Suspension
MAP Planner		MAP Score and Comments	MAP Conversations
Other: State in	box below		
4. Has the employee employee's file (e.g. re.			If so, is documentation included in the
No Yes			
5. When did the unsa	tisfactory behavior or	performance begin? Have you	provided the employee time to improve

the unsatisfactory behavior or performance? If so, how long?

		nance expectations been clearly communicated to the employee the employee's MAP Notes?	? Have they been documented and
	No	Yes	
	•	byee proven their ability to be successful with this type of wor scluded in the employee's file (e.g. PASE/MAP, awards, etc.?)	k in the past? Explain in detail. Is
	No	Yes	
8.	How has the e	employee demonstrated continued failure to meet acceptable pe	erformance or behavior standards?
a	Have you pre	viously received Human Resources guidance regarding this em	nlovee?
0.	No No	Yes	ployee.
10.	Do you feel adhelpful?	dditional guidance on how to address the employee's behavior o	or performance issues would be
	No	Yes	
		ance, please contact your agency Human Resources Office s at (602) 542-5482)	or ADOA Human Resources
me	ntioned the ne	loyee mentioned any health issues; had attendance problems; eed for Family and Medical Leave Act (FMLA) leave; or reques he Americans with Disabilities Act (ADA)?	
	No	Yes	
•	_	ance, please contact your agency Human Resources Office at (602) 542-5482)	or ADOA Human Resources
the		oyee indicated they feel they are being discriminated against, have an open claim filed with the EEOC, Worker's Compensat	
	No	Yes	
		dance, please contact your agency Human Resources Of at (602) 542-5482)	fice or ADOA Human Resources
	Manager Sig	nature Date	