

# NOTICE OF POLICY NON-COMPLIANCE

## Notice of Policy Noncompliance

User Name: \_\_\_\_\_

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

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

Division: \_\_\_\_\_

Policy: \_\_\_\_\_

Date of Non-Compliance: \_\_\_\_\_ Date of Form Completion: \_\_\_\_\_

Describe Incident:  
(attach additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Action: (circle one)

Verbal Warning (Internal Use Only)

Written Warning

Restriction or termination of network/system access (describe below)

Suspension: From: \_\_\_\_\_ To: \_\_\_\_\_

Termination: Effective: \_\_\_\_\_

Additional Details About Action: \_\_\_\_\_

\_\_\_\_\_

Corrective Action Plan (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Step if Problem Continues: \_\_\_\_\_

\_\_\_\_\_

I acknowledge receipt of this notice of Non-Compliance with City policy and agree that its contents have been discussed with me. I understand that my signature below does not

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necessarily indicate agreement with this notice. I understand that I have a right to provide mitigating information to my supervisor regarding the event.

User Name (Print): \_\_\_\_\_

User Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

Copies of this form must be provided to:

- User
- Supervisor/Department Manager
- Administrative Services