OFFICE OF LEGAL AFFAIRS
GUIDELINES FOR THE REVIEW OF PROPOSED DISCIPLINARY ACTION
(other than verbal reprimands)
NON-PROBATIONARY EMPLOYEES

Date: ____________________

Name of Employee who is the Subject of the Proposed Action: __________________________

CWID: ______________________

Current Position Title: __________________________

Date Hired into the Position: __________________________

Dates of All Employment of the Employee by the College: __________________________

Is the Employee a “covered employee”1 □ ----- or an “academic employee”2 □

RECOMMENDED DISCIPLINE OR REMEDIAL ACTION: __________________________

Is discipline or remedial action being recommended for □ conduct; □ poor job
performance; or both □?

Was this matter the subject of an investigation by your office, the Office of Human
Relations, other College office, or any law enforcement authority or governmental agency?
□ Yes □ No
If “yes” please provide a copy of the investigative report.

ARE YOU RECOMMENDING AN IMMEDIATE SUSPENSION DUE TO HEALTH OR
SAFETY REASONS OR BECAUSE THE CONTINUED PRESENCE OF THE

1 S.C. Code Ann. § 8-17-320 (7): "Covered employee" means a full-time or part-time employee occupying a part or
all of an established full-time equivalent (FTE) position who has completed the probationary period and has a
"meets" or higher overall rating on the employee's performance evaluation and who has grievance rights.
Instructional personnel are covered upon the completion of one academic year except for faculty at state technical
colleges of not more than two full academic years' duration. If an employee does not receive an evaluation before
the official review date, the employee must be considered to have performed in a satisfactory manner and be a
covered employee. This definition does not include employees in positions such as temporary, temporary grant, or
time-limited employees who do not have grievance rights.

2 For purposes of this Checklist Academic Employees are employees who are “teaching or research faculty,
professional librarians, academic administrators, or other persons holding faculty appointments …” (S.C. Code Ann.
§ 8-17-370(10))
EMPLOYEE WOULD CAUSE AN INTOLERABLE DISRUPTION TO THE WORK OF THE COLLEGE? □ Yes □ No IF ‘YES’ PLEASE STOP ANY EFFORT TO COMPLETE THIS FORM AT THIS TIME AND PROVIDE THE DETAILS OF YOUR SUSPENSION REQUEST IMMEDIATELY TO THE DIRECTOR OF HUMAN RESOURCES, THE EXECUTIVE VICE PRESIDENT IN YOUR SUPERVISORY CHAIN AND TO THE SENIOR VICE PRESIDENT FOR LEGAL AFFAIRS.

A. CONDUCT (other than absenteeism or use of sick leave. See Section B. for leave issues): Complete this Section A if Conduct (other than absenteeism or use of sick leave) is a basis for the proposed disciplinary or remedial action.

1. Type of Conduct Observed:

2. Give the dates and places of each incident where this conduct was observed and the names of persons who may have witnessed the conduct:

3. Name the Offense(s) (see Chart in the Code of Conduct and Disciplinary Actions) that this conduct may violate:

4. What was management’s response to each incident described above, if any? (Please give dates and indicate if and when discipline had been previously taken for any of these incidents and, if so, the dates and types of discipline administered. If the Employee was provided with a writing regarding the same, please attach copies.):

5. Other than may be indicated in your response to question 4, has management ever counseled the Employee about this type of conduct? □ Yes □ No
If “yes” please describe any counseling that was provided and if anything in writing was ever given to the Employee (attach all such writings to this Checklist):


6. Is the proposed discipline or remedial action at a level of severity that is in accord with the Chart in the Code of Conduct and Disciplinary Actions? □ Yes □ No If “no”, please explain:


B. CONDUCT INVOLVING EXCESSIVE ABSENTEEISM OR SICK LEAVE

7. Complete this Part B. and the following charts for the relevant period ONLY if absenteeism or excessive leave is a basis of the proposed discipline or remedial action.

RELEVANT ANNUAL (“A”) LEAVE (“Lv”) PAY PERIODS (“PP”) (from       to       )

<table>
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<tr>
<th>Days and Hrs. of Lv.</th>
<th>A. Lv. Bal. at start of PP</th>
<th>Accrued A. Lv. During PP</th>
<th>Charged to A. Lv.</th>
<th>Charged to LWOP</th>
<th>Bal. at end PP</th>
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RELEVANT SICK (“S”) LEAVE PAY PERIOD (from       to       )

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<th>Days and Hrs.</th>
<th>Lv. Bal. at start of PP</th>
<th>Accrued During PP</th>
<th>Charged to S Lv.</th>
<th>Charged to LWOP</th>
<th>Bal. at end PP</th>
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8. If any of the absences relevant to the proposed discipline listed in either Chart was approved by the supervisor, please indicate the dates and the reasons for such approval:


9. Was overtime approved or paid to the employee during the periods noted above? □ Yes □ No
If “yes”, please indicate the dates and hours of overtime approved or paid:

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<th>Hours</th>
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10. Was any of the leave taken excusable under statute or regulation?

- § 8-11-65. Leaves of absence to be organ donor
- § 8-11-110. Alcoholism
- § 8-11-177. Funeral leave
- §19-712.01 Other Leave Types (consult with HR for eligibility requirements)

Check all that apply and indicate dates and hours next to each, if applicable:

- American Red Cross Certified Disaster Service Leave
- Blood Drive and Donation Leave
- Bone Marrow Donor Leave
- Court Leave
- Jury Duty
- Subpoenaed As a Witness
- Death in Immediate Family Leave
- Educational Leave
- Extended Disability Leave
- Family Medical Leave Act

3 § 8-11-65. (A) All officers and employees of this State or a political subdivision of this State who wish to be an organ donor and who accrue annual or sick leave as part of their employment are entitled to leaves of absence from their respective duties without loss of pay, time, leave, or efficiency rating for one or more periods not exceeding an aggregate of thirty regularly scheduled workdays in any one fiscal year during which they may engage in the donation of their organs. Saturdays, Sundays, and state holidays may not be included in the thirty-day aggregate unless the particular Saturday, Sunday, or holiday to be included is a regularly scheduled workday for the officer or employee involved.

4 § 8-11-110. (g) Sick leave will be granted for the purpose of participating in public and private treatment and rehabilitation programs which have been approved by the South Carolina Department of Mental Health.

5 § 8-11-177. (A) An employee, upon request, must be granted up to three consecutive workdays of leave with pay on the death of any member of the employee's immediate family. Immediate family is defined as the spouse, great-grandparents, grandparents, parents, legal guardians, brothers, spouse of brothers, sisters, spouse of sisters, children, spouse of children, grandchildren, great-grandchildren of either the employee or the spouse.
11. Was any period of absence noted in the Charts above due to a disciplinary suspension or incarceration of the Employee?  □ Yes  □ No
If “yes” please provide the dates and the circumstances.

C. JOB PERFORMANCE: Complete this section D if performance was a basis for the proposes disciplinary or remedial action.

12. What are the essential elements of the Position that the Employee has failed to perform in a satisfactory manner?

13. Identify the document(s) that provide notice to the Employee of these essential elements (attach or provide electronic reference)

14. Describe the expected standards for satisfactory performance and cite source materials (e.g. position description, internal work unit guidance, the FAM statutory/regulatory requirements, generally accepted professional standards etc.)

15. Describe the Employee’s failure to meet satisfactory performance standards for one or more essential elements of the Employee’s Position:
Incident/Issue # 1

Date/Period of Time: Place (if relevant): ________________________

Unsatisfactory Performance:____________________________________
____________________________________________________________
____________________________________________________________

What is the relevant standard and why was that standard not met:____________________
____________________________________________________________
____________________________________________________________

Incident/Issue # 2

Date/Period of Time: Place (if relevant): ________________________

Unsatisfactory Performance:____________________________________
____________________________________________________________
____________________________________________________________

What is the relevant standard and why was that standard not met:____________________
____________________________________________________________
____________________________________________________________

16. Has the Employee ever been given a Written Warning Notice of Unsatisfactory Performance.

   Incident/Issue # 1  □ Yes  □ No  If “yes” when:____________(attach copy)
   Incident/Issue # 2  □ Yes  □ No  If “yes” when:____________(attach copy)

17. Has the Employee ever been counseled about the failing performance described in your response to question 15?

   Incident/Issue # 1  □ Yes  □ No
   Incident/Issue # 2  □ Yes  □ No
If “yes” when and how was the counseling provided? Was the Employee advised of the expected standards of performance, how those standards were not met, and advised of what to do (and how to do it) in order to meet those acceptable standards?

Incident/Issue # 1

Incident/Issue # 2

18. Was the Employee ever presented with a written Work Plan or other writing that specified acceptable work standards and what the Employee needed to do to meet those standards? □ Yes □ No If “yes” when? ____________________________

Was the Employee given a period of time in the Work Plan to achieve a level of satisfactory performance? □ Yes □ No If “yes” how long? ____________________________

(Please attach a copy of any Work Plan or other writing that meets the description provided in the first sentence of this question.)

19. Describe all other meaningful opportunities that have been provided to the Employee to improve performance with respect to those essential elements of the Position where failing performance has been noted: ____________________________

20. Did the previous annual performance evaluations of the Employee cite unsatisfactory or “needs improvement” in any essential element of the job (including those that form the basis of your recommendation for discipline or remedial action)?

□ Yes □ No If “yes” please describe the circumstances and provide copies of the relevant performance evaluations: ____________________________
21. For the last two annual evaluation periods what has been the overall performance rating of the Employee?

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<th>Rating</th>
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D. DISCIPLINARY HISTORY

22. Please detail the disciplinary history of the Employee while employed at the College:

   (from  to  )

<table>
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<tr>
<th>Date of Discipline</th>
<th>Offense</th>
<th>Disciplinary or Remedial action</th>
<th>Date Discipline of Remedial Action Taken</th>
<th>Supervisor taking Action</th>
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E. MISCELLANEOUS

23. Please include any additional comments or information you believe are relevant to the matter:

________________________________________________________________________

________________________________________________________________________

24. Indicate the Employer’s supervisory chain up to the appropriate Executive of Senior Vice President:

Executive/Senior Vice President: ____________________________________________

Immediate Supervisor: ___________________________________________________

25. Name, Position and contact information of person completing this form: