



## Arrest, Charge, Conviction, Plea, or Drug Offense Disclosure Form

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Please complete this form in its entirety within 72 hours of the incident. This will assist the Director of Employee Relations in better understanding, addressing, and resolving your report.

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

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list the following information:**

1. the date, time, and place of the incident
2. a factual description of the incident
3. any documentation to support your report
4. outcome (if known)

Your signature certifies the information you provided on this report and any attachments are true and accurate to your knowledge and belief. Additionally, you acknowledge you have received a copy of the following information by checking the boxes below:

Action taken by Augusta University: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Employee Relations: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Email the completed form to the Director of Employee Relations in Human Resources at [auhr\\_employee\\_relations@augusta.edu](mailto:auhr_employee_relations@augusta.edu). Failure to report within 72 hours of the incident may result in disciplinary action up to and including discharge.**

**HR USE ONLY:**

Recommendation: