

EMPLOYEE DISCIPLINARY ACTION FORM

Supervisor Name: _____

Date: _____

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____

Employee Title: _____ Employee ID #: _____

VIOLATION INFORMATION

This disciplinary action form is being issued due to the following violation:

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Disobedience | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Performance | <input type="checkbox"/> Conduct |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Theft/Damage | <input type="checkbox"/> Other: _____ |

When did the violation happen? _____

Where did the violation happen? _____

If there have been previous warnings for this violation, enter them here:

1st warning date: _____ Written ☐ Verbal ☐

2nd warning date: _____ Written ☐ Verbal ☐

3rd warning date: _____ Written ☐ Verbal ☐

STATEMENTS

Employer Statement: _____

Employee Statement: _____

DISCIPLINARY ACTION

The following disciplinary action will be taken: _____

By signing below, the employee acknowledges that they have reviewed this form. The employee understands that this will be placed in their personnel file and that continued misconduct will result in further disciplinary action, up to and including termination.

Employee Signature: _____ Date: _____

Print Name: _____

Company Signature: _____ Date: _____

Print Name: _____ Title: _____

Witness Signature: _____ Date: _____

(If employee refuses to sign) Print Name: _____