

# Employee Disciplinary Report

Copy to:  Employee  Employee's Representative  Other \_\_\_\_\_

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

S.S.#: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

## Nature of Incident

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. Unexcused Absence                   | <input type="checkbox"/> 8. Harassment                                      | <input type="checkbox"/> 15. Carelessness  |
| <input type="checkbox"/> 2. Tardiness                           | <input type="checkbox"/> 9. Leaving without permission                      | <input type="checkbox"/> 16. Destruction of company property   |
| <input type="checkbox"/> 3. Drinking/Drugs while on duty        | <input type="checkbox"/> 10. Theft  | <input type="checkbox"/> 17. Improper conduct  |
| <input type="checkbox"/> 4. Threatening or engaging in violence | <input type="checkbox"/> 11. Substandard work                               | <input type="checkbox"/> 18. Violation of company rules of conduct<br><i>(Refer to specific rule, if applicable)</i> |
| <input type="checkbox"/> 5. Dishonesty                          | <input type="checkbox"/> 12. Substandard housekeeping                       | <input type="checkbox"/> 19. Other _____   |
| <input type="checkbox"/> 6. Lack of cooperation/teamwork        | <input type="checkbox"/> 13. Reporting under the influence of alcohol/drugs |  |
| <input type="checkbox"/> 7. Failure to follow instructions      | <input type="checkbox"/> 14. Violation of safety rules                      |  |

Facts of the incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Employee's Comments: \_\_\_\_\_

Action to be taken:  Warning  Suspension  Final Warning  Termination

**This report is to be made part of the official record of the above-mentioned employee.**

Timetable for Improvement:  Immediate  30-days  60-days  Other

Consequences of failure to improve:  Discipline up to and including termination  Suspension  Immediate termination

***I have read this report and agree with its contents.***

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

Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Last Offense:	Date	_____	Nature of Incident	_____	Action Taken	_____
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Other Offenses:	Date	_____	Nature of Incident	_____	Action Taken	_____
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	Date	_____	Nature of Incident	_____	Action Taken	_____
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Personnel Department Signature: \_\_\_\_\_ Date \_\_\_\_\_