

# Employee Disciplinary Report™

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

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

ID# \_\_\_\_\_ 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. Violation of safety rules                        |  |
| <input type="checkbox"/> 7. Failure to follow instructions      | <input type="checkbox"/> 14. Reporting under the influence of alcohol / drugs |  |

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

Signature of supervisor \_\_\_\_\_ Date \_\_\_\_\_

### I have read this report.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

Last offense: Date \_\_\_\_\_ Nature of incident \_\_\_\_\_ Action taken \_\_\_\_\_

Other offenses: Date \_\_\_\_\_ Nature of incident \_\_\_\_\_ Action taken \_\_\_\_\_

Date \_\_\_\_\_ Nature of incident \_\_\_\_\_ Action taken \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Human Resource department signature \_\_\_\_\_ Date \_\_\_\_\_