

EMPLOYEE DISCIPLINE FORM

<input type="checkbox"/> VERBAL WARNING & COUNSELING	<input type="checkbox"/> WRITTEN WARNING	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>
<input type="checkbox"/> SUSPENSION, # of Days _____	<input type="checkbox"/> RETRAINING, # of DAYS _____	<input type="checkbox"/> TERMINATION		

Employee Name: _____ Job Title: _____ Supervisor: _____

Offense Type:	<input type="checkbox"/> Performance issue:	<input type="checkbox"/> Work rule violation:
<input type="checkbox"/> Willful	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
<input type="checkbox"/> Absenteeism / Tardiness	<input type="checkbox"/> Smoking in undesignated areas	<input type="checkbox"/> Unsafe behavior / disregard for safe rules
<input type="checkbox"/> Has required tools available	<input type="checkbox"/> Fighting or creating conflict	<input type="checkbox"/> Poor work quantity
<input type="checkbox"/> Start, break, lunch, and quit times not followed	<input type="checkbox"/> Harassment or vulgar language	<input type="checkbox"/> Poor work quality
<input type="checkbox"/> Ready for work	<input type="checkbox"/> Brining weapon onsite	<input type="checkbox"/> Beverages in proper containers
<input type="checkbox"/> Misuse of Company property / equipment	<input type="checkbox"/> Bringing illegal drugs / alcohol onsite	<input type="checkbox"/> Disregarding the dress code/poor hygiene
<input type="checkbox"/> Using cell phone during work hours	<input type="checkbox"/> Failure to have/use required PPE	<input type="checkbox"/> Other

Incident Description: Describe actions, behavior, or incident: date(s); time(s); place(s); witness(es) and observations; impact(s) of actions, behavior, or incident, employee's responses immediately after the incident and all conversations; employee's previous related training or counseling; and other relevant facts.

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

I agree with the incident description. I disagree with the incident description.

Employee signature: _____ Date: _____

Witness signature (if any): _____ Date: _____

Completed by: _____ Date: _____

EMPLOYEE COUNSELING FORM

The purpose of this discipline action/warning is to bring to your attention a serious problem in your conduct and/or job performance. The intent is to define for you the seriousness of the situation, so that you may take immediate corrective action. This warning will be placed in your personnel file.

Details of performance/work rule problem:

Summary of disciplinary activities to date:

Detail of what needs to be done to correct the problem:

Expected time frame to show improve performance/work rule problem:

Consequences and actions if the performance/work rule issue is not corrected within specified time frame.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____