

EMPLOYEE DISCIPLINARY ACTION FORM

Employee: _____

Date of Warning: _____

Department: _____

Supervisor: _____

TYPE OF VIOLATION:

WARNING:

Attendance Carelessness Disobedience

Violation Date: _____

Safety Tardiness Work Quality

Violation Time: (a.m. / p.m.) _____

Other _____

Place Violation Occurred: _____

EMPLOYER STATEMENT

EMPLOYEE STATEMENT

WARNING DECISION

Approved by: _____

Name

Title

Date

List All Previous Warnings (when warned and by whom):

I have read this "warning decision". I understand it and have received a copy of the same.

Previous Warning: 1st Warning

 Date _____

 Verbal _____

 Written _____

Employee Signature Date

Previous Warning: 2nd Warning

 Date _____

 Verbal _____

 Written _____

Signature of person who prepared warning Date

Previous Warning: 3rd Warning

 Date _____

 Verbal _____

 Written _____

Supervisor's Signature Date

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Employee HR Dept Supervisor