



Employee Disciplinary Report

Client Name: _____ Division: _____

Employee Name: _____ EE No. _____

Date of Incident: _____ Time of Incident: _____

Nature of Incident

- [] 1. Unexcused Absence [] 8. Harassment [] 15. Carelessness
[] 2. Tardiness [] 9. Leaving w/out permission [] 16. Destruction of Company property
[] 3. Drinking/Drugs while on duty [] 10. Theft [] 17. Improper Conduct
[] 4. Threatening/engaging in violence [] 11. Substandard Work [] 18. Violation of Company rules
[] 5. Dishonesty [] 12. Substandard Housekeeping [] 19. Other _____
[] 6. Lack of cooperation/teamwork [] 13. Reporting under the influence of alcohol drugs
[] 7. Failure to follow instructions [] 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

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: _____

Department Signature: _____ Date: _____