

Disciplinary Action Form

Name of Employee: ID#:

I. Disciplinary Action

- Tardiness / Leaving Early Absenteeism Safety Insubordination
 Policy Violation Quality of Work Quantity of Work Misconduct
 Other:

II. Details of Occurrence (attach additional, include summary) **Date of Occurrence:**

III. Has this or a similar infraction occurred before?

: Yes : No (If yes, please explain when and what action was taken)

IV. Corrective Action to be Taken

Verbal counseling Written warning Disciplinary Suspension Final Warning
 Counseling with HR Termination **Date:**

V. Expected Improvement

Consequence for failure to improve or further complaints:

Verbal counseling Written warning Disciplinary Suspension Final Warning Termination

Supervisor signature:

Date:

VI. Employee Statement (attach extra page if needed)

Employee signature:

Date: