

Disciplinary Action

Name: _____ Dept.: _____ Date: _____

Date of Occurrence: _____ Time: _____ [] AM [] PM Location: _____

ACTION TAKEN:

- [] VERBAL WARNING [] WRITTEN WARNING [] SUSPENSION ___ day(s)
[] PIP ___ days (up to 90) [] TERMINATION [] OTHER _____

*(DEPENDING ON THE NATURE OF THE OFFENSE, **COMPANY NAME** RESERVES THE RIGHT TO SKIP ANY STEPS AT ITS DISCRETION.)*

- [] FIRST [] SECOND [] FINAL WARNING

NATURE OF ISSUE:

- [] ATTENDANCE [] SAFETY VIOLATION [] INSUBORDINATION
[] TARDINESS [] POLICY VIOLATION [] OTHER _____
[] CONDUCT [] SUBSTANDARD PERFORMANCE

EXPLANATION OF ISSUE:

GOALS OR CORRECTIVE ACTION:

SHOULD YOUR RECORD CONTINUE TO BE UNACCEPTABLE IN THE ABOVE AREA(S), THE COMPANY WILL FIND IT NECESSARY TO TAKE THE FOLLOWING DISCIPLINARY ACTION (OR MORE DEPENDING ON THE SITUATION):

- [] WRITTEN WARNING [] FINAL WARNING [] SUSPENSION ___ day(s)
[] TERMINATION [] OTHER _____

Employee Comments:

YOU ARE FORMALLY BEING WARNED TO BRING TO YOUR ATTENTION THE SEVERITY OF THIS SITUATION. FAILURE TO CORRECT THIS BEHAVIOR AND/OR FURTHER VIOLATION OF COMPANY POLICY WILL RESULT IN ADDITIONAL DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE. BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS NOTICE.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

HR/Witness: _____ Date: _____