



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
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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