

# DISCIPLINARY Action Form

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

## TYPE OF ACTION:

Verbal Counseling ☐

Suspension ☐

From: \_\_\_\_\_ To: \_\_\_\_\_

Written Warning ☐

Termination ☐

Effective: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Time of Incident(s): \_\_\_\_\_

## NATURE OF VIOLATION

☐ Tardiness/Leaving Early

☐ Violation of Company Policies

☐ Absenteeism

☐ Insubordination

☐ Unsatisfactory Work Quality

☐ Willful Damage to Equipment

☐ Poor Performance

☐ Cell Phone Usage

☐ Improper Conduct/Unprofessional Behavior

☐ Poor Housekeeping

☐ Other: \_\_\_\_\_

## TYPE OF INCIDENT/DESCRIPTION

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## CORRECTIVE ACTION PLAN

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## NEXT ACTION STEP IF PROBLEM CONTINUES

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I understand that I am an "at will" employee and that there may be no further warnings prior to termination. I acknowledge receipt of this disciplinary action and that its contents have been thoroughly discussed with me. I understand that my signature does not necessarily indicate agreement.

Employee Signature

Employee Print

Date

Supervisor Signature

Supervisor Print

Date