

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

CORRECTIVE ACTION PLAN

NEXT ACTION STEP IF PROBLEM CONTINUES

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