

DISCIPLINARY ACTION FORM

Employee: _____

Date of Warning: _____

Department: _____

Supervisor: _____

TYPE OF VIOLATION:

- Attendance Carelessness Disobedience
 Safety Tardiness Work Quality
 Other _____

WARNING:

Violation Date: _____

Violation Time: (a.m. / p.m.) _____

Place Violation Occurred: _____

First or Second Warning: _____

EMPLOYER STATEMENT

EMPLOYEE STATEMENT

WARNING DECISION

Approved by: _____
Name Title Date

List All Previous Warnings (when warned, by whom, context):

1st Warning:

Date _____
By Whom _____
Written _____

2nd Warning:

Date _____
By Whom _____
Written _____

I have read this "warning decision". I understand it and have received a copy of the same.

Employee Signature Date

Signature of person who prepared warning Date

Supervisor's Signature Date