

EMPLOYEE DISCIPLINARY ACTION FORM

Employee: _____

Date of Warning: _____

Department: _____

Supervisor: _____

TYPE OF VIOLATION:

WARNING:

- Attendance Carelessness Disobedience
- Safety Tardiness Work Quality
- Other _____

Violation Date: _____

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

Place Violation Occurred: _____

EMPLOYER STATEMENT

EMPLOYEE STATEMENT

WARNING DECISION

Approved by: _____

Name	Title	Date

List All Previous Warnings (when warned and by whom):

Previous Warning: 1st Warning
Date _____
Verbal _____
Written _____

Previous Warning: 2nd Warning
Date _____
Verbal _____
Written _____

Previous Warning: 3rd Warning
Date _____
Verbal _____
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

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- Employee HR Dept Supervisor