**EMPLOYEE DISCIPLINARY ACTION FORM**

**State of: [STATE]**

Employee Name: [NAME FULL NAME]

Date of Warning: [DATE]

Department: [NAME]

Supervisor: [SUPERVISOR FULL NAME]

Work Location: [LOCATION]

Employee ID: [ID NUMBER]

**Type of Violation** [INSERT THOSE THAT APPLY]

* [Attendance]
* [Carelessness]
* [Disobedience]
* [Safety]
* [Tardiness]
* [Quality of Work]
* [Other: [INSERT OTHER]]

**Warning**

Date of Violation: [DATE]

Time of Violation: [TIME]

Location of Violation: [ADDRESS/PLACE]

**Statements**

Employer’s Statement:

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Employee’s Statement:

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**Decision**

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Decision approved by:

Name: [FULL NAME]

Title: [PROFESSIONAL TITLE]

Date: [DATE]

**Previous Warnings**

1st Warning:

* Date: [DATE]
* Type: [Verbal **OR** Written]

2nd Warning:

* Date: [DATE]
* Type: [Verbal **OR** Written]

3rd Warning:

* Date: [DATE]
* Type: [Verbal **OR** Written]

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor Signature** |  | **Supervisor Full Name**  |

**Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this form, I confirm I understand it fully, and have received a copy of the same.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Signature**  |  | **Employee Full Name** |

**Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**