

# EMPLOYEE DISCIPLINARY REPORT™

Copy To:  Employee  Employee's Personnel Representative  Other \_\_\_\_\_

Name \_\_\_\_\_ Division \_\_\_\_\_

Emp. No. \_\_\_\_\_ Dept. \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

**Action to be taken:**  Warning  Suspension  Dismissal

**This report is to be made part of the official record of the above-mentioned employee.**

**Nature of incident:**

- |                                                                |                                                                       |
|----------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. <input type="checkbox"/> Unexcused absence                  | 11. <input type="checkbox"/> Housekeeping                             |
| 2. <input type="checkbox"/> Tardiness                          | 12. <input type="checkbox"/> Improper conduct                         |
| 3. <input type="checkbox"/> Drinking while on duty             | 13. <input type="checkbox"/> Reporting under the influence of alcohol |
| 4. <input type="checkbox"/> Insubordination                    | 14. <input type="checkbox"/> Violation of safety rules                |
| 5. <input type="checkbox"/> Dishonesty                         | 15. <input type="checkbox"/> Carelessness                             |
| 6. <input type="checkbox"/> Use of illegal drugs while on duty | 16. <input type="checkbox"/> Destruction of company property          |
| 7. <input type="checkbox"/> Failure to follow instructions     | 17. <input type="checkbox"/> Defective and improper work              |
| 8. <input type="checkbox"/> Fighting on company premises       | 18. <input type="checkbox"/> Theft (stealing)                         |
| 9. <input type="checkbox"/> Leaving without permission         | 19. <input type="checkbox"/> Violation of company rules of conduct    |
| 10. <input type="checkbox"/> Substandard work                  | 20. <input type="checkbox"/> Other _____                              |

Supervisor's Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_

Employee's Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROBATIONARY EMPLOYEE

I have read this report

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE EMPLOYEE'S PERSONNEL FILE AS OF THIS DATE.

OFFENSE NUMBER 1 2 3 4 5

LAST OFFENSE \_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Department Date

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

