

EMPLOYEE DISCIPLINARY ACTION REPORT

Employee:	Date:
Department:	Shift / Assignment:

TYPE OF VIOLATION	<input type="checkbox"/> Attendance	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Disobedience
	<input type="checkbox"/> Safety	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Work Quality
	<input type="checkbox"/> Judgment	<input type="checkbox"/> Attitude	<input type="checkbox"/> Dependability
	<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Critical Effectiveness
	Other: _____		

DETAILS OF VIOLATION	Date:	Time:	Place:
	Explanation:		

COMPANY ACTION	Statement of Response:					

	DECISION:	<input type="checkbox"/> WARNING	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> OTHER		
	Remarks:					

APPROVAL	Name:			Date:
	Title:			

EMPLOYEE RESPONSE	I have read and understand this document and the statements made herein.		
	Comments:		

	Employee Signature:		Date:

Document Prepared By:	Date:
Supervisor's Signature:	Date: