



EMPLOYEE DISCIPLINARY REPORT

Employee Name _____ Date _____

Action Taken: Verbal Warning Written Warning Suspension Termination Other _____

VIOLATION INFORMATION

Date of Incident _____ Time of Incident _____

Nature of Violation / Description of Issue: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Absenteeism / Tardiness | <input type="checkbox"/> Under influence of drugs/alcohol on duty |
| <input type="checkbox"/> Substandard Performance | <input type="checkbox"/> Leaving without permission |
| <input type="checkbox"/> Improper Conduct | <input type="checkbox"/> Failure to report an accident/injury |
| <input type="checkbox"/> Violation of safety rules | <input type="checkbox"/> Falsification of company documents |
| <input type="checkbox"/> Violation of company policies/procedures | <input type="checkbox"/> Unauthorized use of company property/equipment |
| <input type="checkbox"/> Theft / Attempted theft | <input type="checkbox"/> Destruction of company property/equipment |
| <input type="checkbox"/> Sleeping while on duty | <input type="checkbox"/> DOT Violation |
| <input type="checkbox"/> Possession of illegal drugs on duty | <input type="checkbox"/> Other _____ |

Describe Incident: _____

EMPLOYEE COMMENTS / CORRECTIVE PLAN

Employee's Comments: _____

Corrective Plan/Action: _____

ACKNOWLEDGEMENT / SIGNATURES

Supervisor _____ Date _____

By signing below, I acknowledge I have read and received this report.

Employee _____ Date _____

