

EMPLOYEE DISCIPLINARY ACTION FORM

Employee: _____

Date of Warning: _____

Department: _____

Supervisor: _____

TYPE OF VIOLATION:

WARNING:

☐ Attendance ☐ Carelessness ☐ Disobedience

Violation Date: _____

☐ Safety ☐ Tardiness ☐ Work Quality

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

☐ Other _____

Place Violation Occurred: _____

EMPLOYER STATEMENT**EMPLOYEE STATEMENT****WARNING DECISION**

Approved by: _____

Name

Title

Date

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

I have read this "warning decision". I understand it and have received a copy of the same.

Previous Warning: _____ 1st Warning

Date _____

Verbal _____

Written _____

Employee Signature _____

Date _____

Previous Warning: _____ 2nd Warning

Date _____

Verbal _____

Written _____

Signature of person who prepared warning _____

Date _____

Previous Warning: _____ 3rd Warning

Date _____

Verbal _____

Written _____

Supervisor's Signature _____

Date _____

COPY DISTRIBUTION☐ Employee ☐ HR Dept. ☐ Supervisor