

NOTICE OF DISCIPLINARY ACTION

EMPLOYEE NAME: _____ DATE OF NOTICE: _____

SUPERVISOR NAME: _____ JOB POSITION: _____

TYPE OF PROBLEM OR VIOLATION:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Absentecism | <input type="checkbox"/> Quantity of Work | <input type="checkbox"/> Drug or Alcohol Abuse |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Neatness | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Date of Occurrence: _____ |

DETAILS OF OCCURRENCE (Include description of impact on Company):

CORRECTIVE ACTION TO BE TAKEN:

Suspension: ☐ With Pay ☐ Without Pay

First Day: _____

Other: _____

Last Day: _____

EXPECTED IMPROVEMENT (Include a clear statement as to the consequences of failing to improve)

EMPLOYEE'S STATEMENT (Use additional paper if necessary)

By signing this notice, I am acknowledging that I have been counseled about my inappropriate conduct and informed of consequences if improvements are not made.

Employee Signature: _____ Date: _____