

Restaurant Employee Disciplinary Action Form

Employee Information

Name: _____

Position: _____

Shift/Section: _____

Incident Report

Date of Incident: _____

Time of Incident: _____

Description of Incident:

Policy Violated

Hygiene Standards

Customer Interaction Guidelines

Timeliness

Other: _____

Action Plan

1. Required Improvement:

2. Deadline for Improvement:

3. Additional Training/Support (if any):

Employee Agreement

I understand the nature of the incident and agree to the outlined corrective actions.

Employee Signature: _____

Date: _____

Supervisor/Manager Details

Name: _____

Signature: _____

Date: _____