Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Disciplinary Action: (Check all that apply.)

\_\_\_ Quality \_\_\_Productivity \_\_\_ Safety \_\_\_\_Conduct \_\_\_ Attendance

\_\_\_\_ Insubordination \_\_\_ Housekeeping \_\_\_ Miscellaneous

You are receiving this disciplinary warning because of the following actions. (Describe in detail in behavioral terms.)

Unless this problem is corrected, further disciplinary action will be taken up to and including the termination of your employment. (Check the appropriate step in the progressive discipline policy.)

\_\_\_\_\_ Written Verbal Warning

\_\_\_\_\_ Written Warning

\_\_\_\_\_ 1-Day Suspension OR

\_\_\_\_\_ 3-Day Suspension OR

\_\_\_\_\_ 5-Day Suspension OR

\_\_\_\_\_ Employment Termination

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received this disciplinary action and understand that unless this problem is corrected, further disciplinary action will be taken up to and including the termination of my employment.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_