



**WHITE MOUNTAIN APACHE TRIBE  
FIRE & RESCUE DEPARTMENT  
P.O. Box 1929  
Whiteriver, Arizona 85941**



**EMPLOYEE DISCIPLINARY REPORT**

EMPLOYEE NAME		DATE
STATION ASSIGNMENT	DATE OF INCIDENT	TIME OF INCIDENT

**ACTION TO BE TAKEN:**

VERBAL WARNING   
  WRITTEN WARNING   
  SUSPENSION   
  DISMISSAL   
  OTHER

THIS REPORT IS TO BE MADE PART OF THE OFFICAL RECORD OF THE ABOVE-MENTIONED EMPLOYEE.

**NATURE OF INCIDENT:**

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Unexcused Absence             | 8. <input type="checkbox"/> Fighting on Company Premises              | 15. <input type="checkbox"/> Carelessness                         |
| 2. <input type="checkbox"/> Tardiness                     | 9. <input type="checkbox"/> Leaving without Permission                | 16. <input type="checkbox"/> Destruction of Tribal Property       |
| 3. <input type="checkbox"/> Substance Abuse on Duty       | 10. <input type="checkbox"/> Substandard Work                         | 17. <input type="checkbox"/> Defective & Improper Work            |
| 4. <input type="checkbox"/> Insubordination               | 11. <input type="checkbox"/> Sleeping On duty                         | 18. <input type="checkbox"/> Theft (Stealing)                     |
| 5. <input type="checkbox"/> Dishonesty                    | 12. <input type="checkbox"/> Improper Conduct                         | 19. <input type="checkbox"/> Violation of Tribal Rules and Orders |
| 6. <input type="checkbox"/> Soliciting                    | 13. <input type="checkbox"/> Reporting Under the Influence of Alcohol | 20. <input type="checkbox"/> Other _____                          |
| 7. <input type="checkbox"/> Failure to Follow Instruction | 14. <input type="checkbox"/> Violation of Safety Rules                | _____   |

**SUPERVISOR'S REMARKS:**

**WITNESS:**

**EMPLOYEE'S REMARKS:**

PROBATIONARY EMPLOYEE

I HAVE READ THIS REPORT:

SIGNATURE OF SUPERVISOR	DATE	SIGNATURE OF EMPLOYEE	DATE
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THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE EMPLOYEE'S PERSONNEL FOLDER AS OF THIS DATE.

OFFENSE NUMBER    1    2    3    4                  PERSONNEL DEPARTMENT \_\_\_\_\_                  DATE \_\_\_\_\_

Additional Remarks:

\*\*EMPLOYEE DISCIPLINARY REPORT TO BE PURGED FROM FILES AFTER TWELVE (12) MONTHS FROM DATE OF ISSUANCE.