

# 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"/> Absenteeism     | <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: \_\_\_\_\_

**SUPERVISOR CHECKLIST FOR NOTICE OF DISCIPLINARY ACTION**

- Reviewed the Managing Poor Performance Checklist.
- Described problem in detail to employee
- Explained how problem interferes with work environment, employee performance, business operations, profitability, or the well-being of other employees.
- Explained in detail what employee must do to improve performance or change behavior.
- If applicable, stated deadline for improvements.
- Action discussed with and approved by human resource department prior to employee counseling.
- Explained consequences if improvements are not achieved by date specified.
- Explained employee is “at will” and that there may be no further warnings prior to termination.
- Discipline is consistent with treatment of other employees guilty of similar violations.
- Provided Employee Correction Form.

Supervisor \_\_\_\_\_

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

Human Resources \_\_\_\_\_

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

*Note: Place original in personnel file.*