

All American Gymnastics and Sports Center

DISCIPLINARY ACTION FORM

Employee Name:

Date:

1. Type of action being taken:

- A) ☐ Documented Verbal Warning
- B) ☐ Written Warning: ☐ #1
- C) ☐ Final Written Warning
- E) ☐ Discharge Last Day Worked _____

You are being given this notice so that you may have an opportunity to correct the situation. If this situation is repeated, or if you engage in any other misconduct, you will be subject to appropriate disciplinary action, including suspension or discharge, in accordance with the policies of All American Gymnastics and Sports Center.

2. Reason(s) why disciplinary action is necessary, including a complete explanation of the conduct constituting the violation. If additional space is required, please attach a separate sheet.

3. Corrective action (Supervisor's comments regarding corrective action):

Follow up meeting date (if needed): _____

4. Supervisors Signature:

I have investigated the circumstances surrounding the notice and have verified to the best of my knowledge and belief that the action taken is within company policy, and that the information is factual.

Supervisor's Signature

Date

5. Employees Comments:

6. Employee's Signature

My signature indicates that I have received a copy of this written warning notice and that I have been given an opportunity to comment, but it does not indicate that I necessarily agree with all the above statement(s). I have also been informed that a copy of this notice will be placed in my personnel file.

Employee's Signature

Date