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DISCIPLINARY REPORT FORM

Employee: _____
ID Number: _____
Department/Site: _____
Senior Manager: _____

Level One Notice of Verbal Warning / Recorded Counseling

Incident: _____

Date: _____ Time: _____ Place: _____

Witness: _____

Witness: _____

Witness: _____

Nature of transgression: _____

Recommendation and Disciplinary Action to be imposed: _____

Supervisory Signature

Date

Employee Signature

Date

Employee's Representative

Date

The signature of the employee signifies that the employee has received the notice of the Disciplinary Action, whether or not the employee agrees with the action.