



Employee Disciplinary Form

Company Name: _____

Employee Information

Name: (First) _____ (Last) _____ (MI) _____

Department: _____ Title: _____ Social Security #: _____

Supervisor Name: _____ Title: _____

Disciplinary Information

Reason for Discipline:	<input type="radio"/> Attendance	<input type="radio"/> Tardiness	<input type="radio"/> Theft	<input type="radio"/> Insubordination	<input type="radio"/> Unsatisfactory Work Performance
	<input type="radio"/> Violation of Company Policy		<input type="radio"/> Misuse of Company Property		<input type="radio"/> Violation of Safety Rules
	<input type="radio"/> Other (list): _____				
Warning Type:	<input type="radio"/> Verbal	<input type="radio"/> Written	<input type="radio"/> Other (list): _____		
Warning Notice:	<input type="radio"/> 1st	<input type="radio"/> 2nd	<input type="radio"/> 3rd	<input type="radio"/> Final Notice	
Action Taken:	<input type="radio"/> Warning	<input type="radio"/> Probation	<input type="radio"/> Suspension	<input type="radio"/> Termination	<input type="radio"/> Other (list): _____

Employer Statement:

Objectives (required performance level):

Solutions (agreed upon actions):

Consequences Should Objectives not be Met:

Employee Comments:

*Employee signature below indicates that the above information is true, correct, and fully understood.

X		X	
Employee Signature	Date	Supervisor Signature	Date