

EMPLOYEE DISCIPLINARY REPORT

Date of Report: _____

Employee Name: _____

Client Company: _____

Supervisor: _____

DESCRIPTION OF THE PROBLEM

Mark the appropriate one(s):

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Late to work | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Leaving early | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Poor workmanship | <input type="checkbox"/> Conduct poor | <input type="checkbox"/> Other: _____ |

Details of the situation: _____

Employee comments: _____

Suggestions for improvements: _____

Action to be taken:

- Oral warning Written warning* Suspension from work until _____

Follow up date: _____ By: _____

Recommendation: _____

*If, based on this written warning, we find it necessary to address the same issue with you in the future, there may be disciplinary action taken up to and including termination.

Supervisor's signature: _____

EMPLOYEE ACKNOWLEDGMENT

I have a copy of this report and I understand what is expected of me, as well as the repercussions if changes are not made.

Employee's signature: _____ Date: _____