



# Disciplinary Action Form

Employee Information:	
Name:	Date of Written Warning:
Supervisor Name:	Date of Infraction:
Reason for Disciplinary Action:	
<input type="checkbox"/> Policy Violation Attendance/Tardy <input type="checkbox"/> Safety Violation <input type="checkbox"/> Personal Conduct <input type="checkbox"/> Work Performance <input type="checkbox"/>	
<input type="checkbox"/> Other:	
Description of issues resulting in disciplinary action (indicate relevant company policies and rules and previous discipline for same offense):	
Disciplinary Action Taken:	
<input type="checkbox"/> First Written Warning <input type="checkbox"/> Second Written Warning <input type="checkbox"/> Third Written Warning <input type="checkbox"/> Final Written Warning	
<input type="checkbox"/> Suspension, # of Days: _____ Beginning: _____ Ending: _____	
<input type="checkbox"/> Termination of Employment	
Requirements employee must meet and consequences of not meeting them:	
<b>Any further disciplinary issues or violations of company policies/procedures will result in additional disciplinary action up to and including termination.</b>	
Employee Comments:	
Employee's Signature:	Date:
<i>Note: Employee's signature shows only that the employee has seen this document and not that he/she is necessarily in agreement.</i>	
Supervisor's Signature:	Date: