



Disciplinary Report Form

Employee name: Faisal Mohamed	Hire Date: 07/11/2016	Job title: Production
Department: Production	Shift: 2nd	Supervisor: Heng Somark
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:		
<p>Type of offense: <input type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Horseplay <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other___</p> <p><input checked="" type="checkbox"/> Failing to follow instructions <input checked="" type="checkbox"/> Unsafe behavior <input checked="" type="checkbox"/> Indecent behavior <input checked="" type="checkbox"/> Threatening or creating conflict w/ coworkers <input checked="" type="checkbox"/> Disruption in the work place</p>		
<p>Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.) On 9/6/16, Faisal and Tahlil reported to the supervisor that they had a confrontation in the Flume Room. They both splashed wather at one another and were pushing one another. They also were seen and heard yelling and making disrespectful comments. This behavior is very unsafe and caused disruption with other co-workers and in the work place.</p>		
Completed by: <i>Kelsey Sikkink</i>		Date: 9/7/16
(Shaded area to be completed by Human Resources only.)		
<p>Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof</p> <p>Final Warning</p>		<p>Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:</p>
Consequence if incident occurs again: Assignment end		
Human Resources Signature(s):		Date
Employee statement: <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. Date report presented to employee:		
Employee comments: (Attach sheets if necessary.)		
<p>Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.</p> <p>Employee signature: <i>Faisal</i></p> <p>Witness signature (if any): _____</p> <p>Signature of person presenting report: _____</p> <p style="text-align: right;">Date: <i>9/7/2016</i> Date: _____ Date: _____</p>		