



Disciplinary Report Form

Employee name: Sohika Soun	Hire Date: 3/07/16	Job title: Production
Department: MVA Production	Shift: 2nd	Supervisor: Heng
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:		
Type of offense: <input checked="" 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"/> Unsafe behavior <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"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <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 <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers		
Absenteeism		
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.)		
Unexcused Absence from work 4/27/16		
Completed by: Garrison Leiz	Date: 4/28/16	
(Shaded area to be completed by Human Resources only.)		
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	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: 4/26/16 - verbal	
Written Warning		
Consequence if incident occurs again: Final Warning / 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.)		
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.		
Employee signature:	Date:	
Witness signature (if any):	Date:	
Signature of person presenting report:	Date:	



Disciplinary Report Form

Employee name: <u>Sahika Soun</u>	Hire Date: <u>3/10/16</u>	Job title: <u>Production</u>
Department: <u>Rotary</u> Production	Shift: <u>2nd 1st</u>	Supervisor: <u>Heno Isabel</u>
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:		

Type of offense: Absenteeism Tardiness Misuse of property/equipment Using property/equipment for personal use Leaking confidential information Theft or fraud Lying or cheating Falsifying company documents Unsafe behavior Eating in undesignated areas Smoking in undesignated areas Posting items without permission Spreading gossip Using vulgar language Horseplay Indecent behavior Bringing weapon onsite Bringing illegal drugs/alcohol onsite Failing to follow instructions Poor work quality Poor work quantity Refusing to work Sleeping on the job Poor hygiene Poor housekeeping Disregarding dress code Other Disruption in the work place Threatening or creating conflict w/ coworkers

Absenteeism

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.)

Unexcused Absence from work 4/27/16

Completed by: <u>Garrison Leaz</u>	Date: <u>4/28/16</u>
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(Shaded area to be completed by Human Resources only.)

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	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: <u>4/26/16 - verbal</u>
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Written Warning

Consequence if incident occurs again:
Final Warning / Assignment End

Human Resources Signature(s): _____	Date: _____
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Employee statement: I agree with the incident description above. I disagree with the incident description above. **Date report presented to employee:** _____

Employee comments: (Attach sheets if necessary.)

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.

Employee signature: G. Soun Date: _____
 Witness signature (if any): _____ Date: _____
 Signature of person presenting report: _____ Date: _____