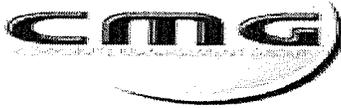


Disciplinary Report Form

Employee name: Laji Sako	Hire Date: 9/29/14	Job title: Production
Department: Tumbler Production	Shift: 1	Supervisor: Bunthy
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 7/3/16		
Completed by: Garrison Lenz	Date: 7/5/16	
(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: 7/3/16-written 10/5/15-verbal 6/3/16-verbal 9/24/15-Note 5/19/16-Note 9/15/15-Note 5/11/16-verbal 5/16/15 3/13/16-Note/Tardy 2/9/16-verbal 12/9/15-Note	
Written Warning		
Consequence if incident occurs again: Final 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: Laji Sako	Date:	
Witness signature (if any):	Date:	
Signature of person presenting report:	Date:	



Disciplinary Report Form

Employee name: Ladji Sako	Hire Date: 9/29/2014	Job title: Production
Department: Production	Shift: 1st	Supervisor: Bunthy
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.)		
Absent from work 1/30/2017 + 1/31/2017		
Completed by: Garrison Lenz	Date: 1/31/2017	
(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: 1/16/17 11/20/16 9/30/2016	
Final Warning		
Consequence if incident occurs again: Possible 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:	



Reichel Foods, Inc. Employee Warning Notice

Employee Information

Date: 2/8/2019
Employee Name: Ladji Sako
Job Title: Sanitor
Manager/Supervisor: Bunthy Douk

Type of Warning

Verbal Warning
Written Warning
Final Warning

Type of Offense

Tardiness/Leaving Early
Absenteeism
Violation of Company Policies
Substandard Work
Violation of Safety Rules
Rudeness to Customers/Coworkers
Other

Details

Description of Incident (Describe incident and list the date, time, and any witnesses present)
7:10am to 8:40am, ladji was on his phone and took a break for more than 40mins(original break 40mins, 1 time only), a total of 90mins.

Plan for Improvement:
Make sure to let a supervisor know when to use a phone and be monitoring his own breaktime

Consequences of Further Infractions:
suspension or termination

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager/supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

LADJI SAKO
Employee Signature

2/8/19
Date

[Signature]
Manager/Supervisor

2/8/19
Date

Witness Signature (if employee understands warning but refuses to sign) _____ Date _____