



507-282-6784

Disciplinary Report Form

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|--|--|------------------------------|
| Employee name: Daniel Owar | Hire Date: 12/22/14 | Job title: Tumbler |
| Department: Tumbler Room | 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"/> Leaving work area without permission <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Damaging/Losing 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"/> Fighting or creating conflict <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Rudeness <input type="checkbox"/> Abusiveness <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 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 on Mon. 3/9/15 | | |
| Completed by: Emily Therox | Date: 3/10/15 | |
| (Shaded area to be completed by Human Resources only.) | | |
| Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof Written warning | Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: 2/13/15 Notification | |
| Consequence if incident occurs again: Possible 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.) Spoke to Daniel 3-10-15 JML | | |
| 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: _____ | | |