



# Disciplinary Report Form

<b>Employee name:</b> Abdikarim Ahmed		<b>Hire Date:</b> 7/13/2016	<b>Job title:</b> Sanitation
<b>Department:</b> Production		<b>Shift:</b> 1st Shift	<b>Supervisor:</b> Demario
<b>Offense track:</b> <input type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, <b>Work rule violated, if any:</b>			
<p><b>Type of offense:</b> <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</p> <p>X_ Absenteeism</p>			
<p><b>Incident description:</b> (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.)</p> <p><b>Abdikarim Ahmed has missed several days of work. Attendance must improve immediately.</b></p>			
<b>Completed by:</b> Kate Ritter		<b>Date:</b> 10/25/2016	
<b>(Shaded area to be completed by Human Resources only.)</b>			
<p><b>Progressive step:</b> <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><b>Final Written Warning</b></p>		<p><b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:</p> <p>Verbal/Written</p>	
<b>Consequence if incident occurs again:</b> Term			
<b>Human Resources Signature(s):</b> Kate Ritter		<b>Date:</b> 10/25/2016	
<p><b>Employee statement:</b> <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above.</p> <p><b>Date report presented to employee:</b> Abdikarim</p>			
<b>Employee comments:</b> (Attach sheets if necessary.)			
<p><b>Employee acknowledgement:</b> 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><b>Employee signature:</b> <u>Abdikarim</u> <b>Date:</b> <u>10/26/16</u></p> <p><b>Witness signature (if any):</b> _____ <b>Date:</b> _____</p> <p><b>Signature of person presenting report:</b> <u>[Signature]</u> <b>Date:</b> <u>10-26-16</u></p>			