



Disciplinary Report Form

Employee name: Amanda Soto	Hire Date: 9/1/2016	Job title: Icing
Department: Production	Shift: 1st Shift	Supervisor: Miguel Q.

Offense track: Performance issue 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

X_ 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.)

Amanda has been absent on several occasions. In late October we had accommodated to switch her schedule to Fri & Sat off. Since then she has been absent on Sun's as well. Amanda will be given a schedule of ^{Tue} Thur & Sat off. ~~She will be placed on a 30 day probation period~~ where missed time will not be tolerated. Below are her attendance entries.

- 10/30/16
- 11/7/16 - 11/9/16
- 11/15/16
- 11/20/16
- 11/27/16

Completed by: Kate Ritter	Date: 11/29/2016
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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 Final Warning	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: Verbals
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Consequence if incident occurs again: **Term**

Human Resources Signature(s): Kate Ritter	Date: 11/29/16
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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.)