



Disciplinary Report Form

Employee name: Andrew Rumpza		Hire Date: 4/4/16	Job title: Shipper
Department: Production		Shift: 1 st	Supervisor: Miguel Q.
Offense track: <input type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:			
<p>Type of offense: <input 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 <input checked="" type="checkbox"/> Violating OSHA</p> <p>X_ Violating OSHA</p>			
<p>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.)</p> <p>Andy has been spoken to on several occasions about wearing his ear rings on the floor by CMG/QA/Supervisors. This is a written warning.</p>			
Completed by: Kate Ritter		Date: 5/17/16	
(Shaded area to be completed by Human Resources only.)			
<p>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</p> <p>Written</p>		<p>Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:</p> <p>Verbal</p>	
Consequence if incident occurs again: Final			
Human Resources Signature(s): Kate Ritter		Date: 5/17/16	
<p>Employee statement: <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above.</p> <p>Date report presented to employee:</p>			
Employee comments: (Attach sheets if necessary.)			
<p>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.</p> <p>Employee signature: </p> <p>Witness signature (if any): _____</p> <p>Signature of person presenting report: </p> <p>Date: 5-17-16</p> <p>Date: _____</p> <p>Date: 5-18-16</p>			