



## Disciplinary Report Form

<b>Employee name:</b> Stephen Boase	<b>Hire Date:</b> 1-15-2015	<b>Job title:</b> Sanitation
<b>Department:</b> Sanitation	<b>Shift:</b> 3rd	<b>Supervisor:</b> Tim Holt
<b>Offense track:</b> <input type="checkbox"/> Performance issue <input checked="" type="checkbox"/> Work rule violation <b>Work rule violated, if any:</b>		
<b>Type of offense:</b> <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		
<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.) 8-26-15 Mother in law in Hospital      9-11-15 Sick      9-29-15 Sick 9-10-15 NCHS      9-25-15 Non PTO Day		
<b>Completed by:</b> Jennifer Missell	<b>Date:</b> 10-1-15	
<b>(Shaded area to be completed by Human Resources only.)</b>		
<b>Progressive step:</b> <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) <i>*File apart from personnel files and copies thereof</i>  Written Warning	<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:  Written Warning	
<b>Consequence if incident occurs again:</b> Possible Termination		
<b>Human Resources Signature(s):</b> 	<b>Date:</b> 10-1-15	
<b>Employee statement:</b> <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. <b>Date report presented to employee:</b>		
<b>Employee comments:</b> (Attach sheets if necessary.)		
<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 filling a Discipline Complaint Form. <b>Employee signature:</b> <b>Date:</b> _____ <b>Witness signature (if any):</b> _____ <b>Date:</b> _____ <b>Signature of person presenting report:</b> <b>Date:</b> 10/20/15		