



# Disciplinary Report Form

Employee name: <u>Brown, Marcus</u>		Hire Date: <u>05-07-2015</u>	Job title: <u>Floorwrap operator</u>
Department: <u>Packout</u>		Shift: <u>1st</u>	Supervisor: <u>Wick Rausch</u>
Offense track: <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 <u>Excessive Absenteeism</u> <u>5-day Absent.</u>			
<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.) <u>1-11-16 - Sick</u> <u>3-08-16 - Sick</u> <u>2-18-16 - Sick</u> <u>4-13-16 - Sick / Rib injury</u> <u>3-24-16 - Personal</u>			
Completed by: <u>Jill Eickler</u>		Date: <u>April 19, 2016</u>	
<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 checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof <u>1st - written warning</u>		<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Offense: Date: <u>- Verbal warning</u>	
<b>Consequence if incident occurs again:</b> <u>2nd written warning / Resmial</u>			
Human Resources Signature(s): <u>Jill Eickler</u>		Date: <u>April 19, 2016</u>	
<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. <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 filing a Discipline Complaint Form.			
Employee signature: <u>Marcus Brown</u>		Date: _____	Witness Signature of _____
signature (if any): <u>Jill Eickler</u>		Date: <u>4-19-16</u>	Signature of _____
person presenting report:		Date: _____	Signature of _____