CMG

Disciplinary Report Form

Employee name: Shannon Buckers	**Hire Date:** 12-29-14	**Job title:** Dimension Support
Department: Dimension	**Shift:** 1st	**Supervisor:** Dale Sennie

Offense track: X Performance issue __ Work rule violation **Work rule violated, if any:**

Type of offense: X Absenteeism __ Tardiness __ Leaving work area without permission __ Misuse of property/equipment __ Damaging/Losing 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 __ Fighting or creating conflict __ Spreading gossip __ Using vulgar language __ Rudeness __ Abusiveness __ 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

1-14-15 Sick
1-27-15 Sick Child
2-13-15 Family Emergency
2/19/15 - 2/23/15 Sick (3 days)
7/7/15 - 7/18/15 Sick (two days)
8/10 - Sick
8/12 - Sick
Total = 10 days

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.)

Shannon has been absent due to illness and has missed Eight total days.
She missed one day due to a sick child and one day for a family emergency.

Completed by: Renee Burns **Date:** 8-13-15

(Shaded area to be completed by Human Resources only.)

Progressive step: __ Oral warning* __ Suspension (unpaid) __ Release X Written reprimand __ Discharge __ Suspension (paid) **File apart from personnel files and copies thereof*

Shannon is being given a final notice. today 8/13/15

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:

2-20-15 Written Warning
1-27-15 Verbal Warning
7-29-15 6 month review
increase due to attendance

Consequence if incident occurs again:

Termination

Human Resources Signature(s): Renee Burns **Date:** 8-13-15

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.)

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.

Employee signature: _____ **Date:** 8-13-15 **Witness signature (If any):** _____ **Date:** _____ **Signature of person presenting report:** _____ **Date:** _____