



Disciplinary Report Form

Employee name: Felipe Rodriguez	Hire Date: 10/26/14	Job title: Production
Department: Shipping	Shift: 1st	Supervisor: Miguel B
Offense track: <input type="checkbox"/> Performance issue <input checked="" type="checkbox"/> Work rule violation Work rule violated, if any:		
Type of offense: <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 checked="" type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other		
7 absences - <input checked="" type="checkbox"/> Absenteeism leaving at 2:30 from 1/20/15 - 2/13/15 3 tardies - <input checked="" type="checkbox"/> Tardiness is approved by Taylor, Angela & Miguel. 2 NANS - <input checked="" type="checkbox"/> Other		
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.) This is a final written warning, putting on a probationary period from 1/19/15 - 2/19/15. No call ins will be accepted, if call in his assignment will be ended.		
Completed by: Taylor Barbosa		Date: 1/19/15
(Shaded area to be completed by Human Resources only.)		
Progressive step: <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) *File apart from personnel files and copies thereof Written warning		Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: Final written warning - 12/5/14 Written warning - 11/14/14
Consequence if incident occurs again: Felipe's assignment will be ended.		
Human Resources Signature(s): 		Date: 1/19/15
Employee statement: <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> 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: Felipe Rodriguez		Date: 1/19/15
signature (if any): 		Witness Signature of
person presenting report: 		Date: 1/19/15