



# Disciplinary Report Form

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|--|---|---------------------------------|
| <b>Employee name:</b><br>Cassandra Siver   | <b>Hire Date:</b><br>10/01/2014   | <b>Job title:</b><br>Production |
| <b>Department:</b><br>Shipping   | <b>Shift:</b><br>1st  | <b>Supervisor:</b>              |
| <b>Offense track:</b> <input type="checkbox"/> Performance issue <input 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<br><input checked="" type="checkbox"/> Absenteeism |   |                                 |
| <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.)<br>Cassandra has 5 absences, this is a written warning. Attendance must improve immediately.   |   |                                 |
| <b>Completed by:</b><br>Taylor Bousness  | <b>Date:</b><br>1/22/15   |                                 |
| <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 checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof<br>Written warning   | <b>Previous warnings:</b> Type: <input type="checkbox"/> Offense: <input type="checkbox"/> Date: <input type="checkbox"/> Type: <input type="checkbox"/> Offense: <input type="checkbox"/> Date: <input type="checkbox"/> Offense: <input type="checkbox"/> Date: <input type="checkbox"/><br>N/A |                                 |
| <b>Consequence if incident occurs again:</b><br>Final written warning  |   |                                 |
| <b>Human Resources Signature(s):</b><br><i>[Signature]</i>   | <b>Date:</b> 1/22/15  |                                 |
| <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.<br><b>Employee signature:</b> <u>Cassie Siver</u> <b>Date:</b> <u>1-27-15</u> <b>Witness Signature of</b><br><b>signature (if any):</b> <u>[Signature]</u> <b>Date:</b> <u>1/27/15</u><br><b>person presenting report:</b> <u>[Signature]</u> <b>Date:</b> <u>1/27/15</u>   |   |                                 |