



Disciplinary Report Form

Employee name: <u>Kidane Negash</u>	Hire Date: <u>7/16/14</u>	Job title: <u>Production</u>
Department: <u>31 DANISH</u>	Shift: <u>3rd</u>	Supervisor: <u>Miguel Q</u>

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

Type of offense: 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

X Failing to follow instructions
X Fighting or creating conflict

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.)
Kidane did not follow instructions given to him by Scott E. Kidane then yelled in Scotts face and was questioning his authority. This will not be tolerated. Must improve immediately.

Completed by: Taylor Bousness Date: 10/2/14

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

Progressive step: Oral warning* Suspension (unpaid) Release Written reprimand Discharge Suspension (paid) *File apart from personnel files and copies thereof
Kidane must follow leads/supervisor instructions in a timely manner without questioning authority and attitude must improve

Previous warnings: Type: _____ Date: _____ Type: _____ Date: _____
N/A

Consequence if incident occurs again:
Written warning

Human Resources Signature(s): _____ Date: _____

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: [Signature] Date: 10/15/14 Witness signature (if any): _____ Date: 10-15-14 Signature of person presenting report: [Signature] Date: 10-15-14