



Disciplinary Report Form

Employee name: Francia Perez	Hire Date: 10/12/15	Job title: QA
Department: Production	Shift: 1st	Supervisor: Kendra Lunt

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

Type of offense: Tardiness Misuse of 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 Spreading gossip Using vulgar language 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 Disruption in the work place Threatening or creating conflict w/ coworkers

Absenteeism

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.)

Unexcused on 10/20/15 and 10/21/15.

Completed by: Kelsey Sikkink	Date: 10/21/15
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(Shaded area to be completed by Human Resources only.)

Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
Final	See attached.

Consequence if incident occurs again:
Possible Final and/or Assignment End

Human Resources Signature(s):	Date
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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: Francia Perez **Date:** 10-22-15
Witness signature (if any): _____ **Date:** _____
Signature of person presenting report: _____ **Date:** _____

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read the Employer Solutions Staffing Group LLC Temporary Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG.

DATE 7-17-14

EMPLOYEE
NAME Francisca A Perez
PLEASE PRINT

EMPLOYEE
SIGNATURE Francisca A Perez

ESSG
REPRESENTATIVE Kelsey Adell



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG/ESSG Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG/ESSG Consultant.

Date:

7-17-14

Associate's Signature:

Francisca A. Perez

Associate's Printed Name:

Francisca A. Perez

Orientation provided by:

Kelsey Admitt



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with copies of documents or items listed below. Please initial each line when you receive that particular document or item. Please sign and date the bottom of the sheet when all documents or items have been distributed to you.

Time Off Request Procedure

FP

Attendance Policy

FP

CMG Benefits

FP

No Smoking Policy

FP

Receipt of Unemployment Acknowledgement

FP

Health Insurance Policy

FP

Drug and Alcohol Testing Policy

FP

CMG/Reichel Foods Handbook

FP

Safety Rules

FP

Check Replacement Policy

FP

Bathroom Etiquette

FP

E-Cig policy

FP

Final Paycheck at Time of Separation

FP

I hereby acknowledge that I have been provided with each and every item listed above, that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the item or its content then it is my responsibility to address my questions with my supervisor or CMG, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Dated: 7-17-14

Signature: _____

Francica A Perez

(Printed Name) _____

Francica A Perez