



Disciplinary Report Form

Employee name: Todd Gerads	Hire Date: 11/12/15	Job title: Grinder
Department: grinding	Shift: 1st	Supervisor: Nick R.
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 type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other 4 absences since 11/12/15		
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.) 1/5/16 Sick 2/16/16 Sick 1/18/16 Sick 4/25/16 Sick		
Completed by: Renee Burns	Date: 4/26/16	
(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 checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: Verbal warning given 1/18/16	
Consequence if incident occurs again: 8 absences by 11/12/15 = termination		
Human Resources Signature(s):	Date:	
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.) NONE		
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: <i>Todd Gerads</i> signature (if any): _____ person presenting report: _____	Date: 4-28-16 Date: _____ Date: _____	Witness Signature of _____ Signature of _____