



Disciplinary Report Form

Employee name: Jordan Timm		Hire Date: 7/21/2016	Job title: Fryer
Department: Production		Shift: 1st	Supervisor: Curt R.
Offense track: <input type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:			
Type of offense: <input checked="" type="checkbox"/> Absenteeism <input checked="" type="checkbox"/> Tardiness Misuse of 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"/> Spreading gossip <input type="checkbox"/> Using vulgar language <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 <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers			
<input checked="" type="checkbox"/> Absenteeism <input checked="" type="checkbox"/> Tardiness			
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.) Jordan has been absent on several occasions and tardy. Jordan needs to improve him attendance and time management immediately.			
Completed by: Kate Ritter		Date: 8/22/2016	
(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: _____	
Consequence if incident occurs again: Final Warning			
Human Resources Signature(s): Kate Ritter		Date: 8/22/2016	
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:  Date: 8-24-16 Witness signature (if any):  Date: 8-24-16 Signature of person presenting report:  Date: 8-24-16			