



Disciplinary Report Form

Employee name: <i>Ganga Katuwal</i>	Hire Date: <i>11.29.12</i>	Job title: <i>Production</i>
Department: <i>MU2</i>	Shift: <i>2nd</i>	Supervisor: <i>Hery Smark</i>

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 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.)

Ganga was unexcused from work on 4/8/13. GK

Completed by: <i>Kelsey Adickit</i>	Date: <i>4.9.13</i>
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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"/> Release <input type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof <i>X Assignment end</i>	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: <i>LCW - 3.4.13</i> <i>LCW - 2.19.13</i> <i>Written - 1.25.13</i> <i>Verbal - 1.2.13</i>
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Consequence if incident occurs again: *n/a*

Human Resources Signature (if): <i>Kelsey Adickit</i>	Date: <i>4.9.13</i>
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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: *[Signature]* Date: *4.9.13* Witness signature (if any): _____ Date: _____ Signature of person presenting report: _____ Date: _____



CMG Time Management Administration

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Employee Attendance

* Required

Employee Information: [Back to Ganga Kahuwal](#) Create Date: 11/26/2012

Client: Employer Solutions Group
Location: Relchel Foods

Ganga Kahuwal

* Date: (dd/mm/yyyy) to (dd/mm/yyyy)

* Reason:

* Excused:

* # of hours: (###.##)

Notes:
(64 character limit)

Start	End	Reason/Note	Excused	Hours	Submitted	Entered By	Delete
04/08/2013	04/08/2013	Sick	No	8.00	04/09/2013	Theros, Emily	<input checked="" type="checkbox"/>
03/14/2013	03/14/2013	Paid Time Off using 8 hrs vac; time off request received - mom's surgery	Yes	0.00	03/14/2013	Theros, Emily	<input checked="" type="checkbox"/>
03/04/2013	03/04/2013	Other called in	No	8.00	03/05/2013	Theros, Emily	<input checked="" type="checkbox"/>
02/19/2013	02/19/2013	Sick	No	8.00	02/20/2013	Theros, Emily	<input checked="" type="checkbox"/>
01/25/2013	01/25/2013	Sick	No	8.00	02/01/2013	Theros, Emily	<input checked="" type="checkbox"/>
01/02/2013	01/02/2013	Sick	No	8.00	01/03/2013	Theros, Emily	<input checked="" type="checkbox"/>
12/19/2012	12/19/2012	Dr. appt. unpaid leave; time off request received	Yes	8.00	12/21/2012	Theros, Emily	<input checked="" type="checkbox"/>