



# Disciplinary Report Form

Employee name: <i>Ulijana Nosova</i>	Hire Date:	Job title: <i>Sanitation</i>
Department: <i>Production</i>	Shift: <i>3<sup>rd</sup></i>	Supervisor: <i>Jamie Sorenson</i>

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

Type of offense:  Absenteeism  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

*x Failing to follow injury management reporting program.*

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.)

*Did not report injury on 10/22/14 and went to doctor on own.*

Completed by: *Kelsey Adelt* Date: *11/14/14*

(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:
<i>written</i>	

Consequence if incident occurs again: *possible of final and/or written assignment end*

Human Resources Signature(s): *Kelsey Adelt* Date: *11/13/14*

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: *11/13/2014*  
 Witness signature (if any): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of person presenting report: \_\_\_\_\_ Date: \_\_\_\_\_

ER Oct 24<sup>th</sup>

2<sup>nd</sup> night working w/ Hydroxide

Sprayed on 20<sup>th</sup> → after shift went home and when woke up w/red face. Itching feeling

weird buzzing, face tingling

Worked 23-24<sup>th</sup> then you went to ER.

23-24 - Complained to coworkers. Coworkers noticed neck getting red.

My face is buzzing me to Darryl. New chemical buzzing my face. Darryl said be careful when Paradise sprays.

Admitted to having face mask up when face was splashed.

Thought she told Darryl but after thinking about it she didn't come right out.

Been sprayed in face (fogging) before and never has been bothered before or reported before.