



# Disciplinary Report Form

Employee name: <u>Broden Koopmeiner</u>	Hire Date: <u>10-20-15</u>	Job title: <u>packout</u>
Department: <u>IQF</u>	Shift: <u>1st</u>	Supervisor: <u>Dalo Sennie</u>

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

5th absence in less than 6 months

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.)

12-29-14 Sick 3/11/15 Car Trouble  
2-18-15 Evicted 3/25/15 Sick  
3-3-15 Misplaced Keys  
to car

Completed by: <u>Renee Burns</u>	Date: <u>3-25-15</u>
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(Shaded area to be completed by Human Resources only.)

Progressive step:  Oral warning\*  Suspension (unpaid)  Release  Written reprimand  Discharge  Suspension (paid) \*File apart from personnel files and copies thereof  
Moving Broden to 3 days  
a week / on call  
for the other two days.

Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:  
Oral warning given 2/18/15  
Written warning given 3/18/15

Consequence if incident occurs again: 4-20-15  
One more absence = possible termination

Human Resources Signature(s): <u>Renee Burns</u>	Date: <u>3-25-15</u>
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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: Broden Koop Date: 3/26/15 Witness signature (if any): \_\_\_\_\_ Date: \_\_\_\_\_ Signature of person presenting report: \_\_\_\_\_ Date: \_\_\_\_\_