



# Disciplinary Report Form

<b>Employee name:</b> Aaron Kraemer	<b>Hire Date:</b> 12-5-15	<b>Job title:</b> Dimension
<b>Department:</b> Dimension	<b>Shift:</b> 2nd	<b>Supervisor:</b> Mark Lieser
<b>Offense track:</b> <input type="checkbox"/> Performance Issue <input type="checkbox"/> Work rule violation <b>Work rule violated, if any:</b>		
<b>Type of offense:</b> <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		
<b>Incident description:</b> (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.) 3/6/15 injury @ outside of work      3/17/15 Left early 3/12/15 sick      3/18/15 sick		
<b>Completed by:</b> Jenni Missell	<b>Date:</b> 4-1-15	
<b>(Shaded area to be completed by Human Resources only.)</b>		
<b>Progressive step:</b> <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 Written Warning	<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: Oral Warning 3/12/15	
<b>Consequence if incident occurs again:</b> 5th absence by 5-5-15 is a possible termination		
<b>Human Resources Signature(s):</b> 	<b>Date:</b> 4-1-15	
<b>Employee statement:</b> <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. <b>Date report presented to employee:</b>		
<b>Employee comments:</b> (Attach sheets if necessary.)		
<b>Employee acknowledgement:</b> 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. <b>Employee signature:</b> <b>Date:</b> 4-1-15 <b>Witness signature (if any):</b> _____ <b>Date:</b> _____ <b>Signature of person presenting report:</b> _____ <b>Date:</b> _____		