





# Disciplinary Report Form

|                                 |                         |               |                           |
|---------------------------------|-------------------------|---------------|---------------------------|
| Employee name:<br>Nicholas Lind | Hire Date:<br>1-5-15    | Shift:<br>3rd | Department:<br>Sanitation |
| Job title:<br>Sanitation        | Supervisor:<br>Tim Holt |               |                           |

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  Harassment  Indecent behavior  Bringing weapon onsite  Bringing illegal drugs/alcohol onsite  Falling to follow instructions  Poor work quality  Poor work quantity  Refusing to work  Sleeping on the job  Poor hygiene  Poor housekeeping  Disregarding dress code  Other

**Incident description:** (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es); and his/her observations; impacts) 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.)

01-14-15 Sick  
03-27-15 Sick  
04-07-15 ncns

Completed by: Jenny Missell Date: 4-8-15

(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

Written warning

Oral warning

Consequence if incident occurs again: One more ncns immediate Termination

Human Resources Signature(s): JM Date: 4-8-15

Employee statement:  I agree with the incident description above.  I disagree with the incident description above. Date: \_\_\_\_\_

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: 4-8-15

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

person presenting report: \_\_\_\_\_ Date: \_\_\_\_\_