



## Disciplinary Report Form

<b>Employee name:</b> <div style="text-align: center;"><b>Minerva Ciriaco</b></div>	<b>Hire Date:</b> 2/17/2016	<b>Job title:</b> Commissary
<b>Department:</b> <div style="text-align: center;"><b>Production</b></div>	<b>Shift:</b> 1 <sup>st</sup>	<b>Supervisor:</b> Denise Braucks
<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 checked="" type="checkbox"/> Tardiness Misuse of 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"/> <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <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 <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers		
<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.)  <b>Minerva has been absent on 9 separate occasions. Minerva will be put on a 30 day probationary period, Court dates will be excused with written documents any absence within the 30 days will result in immediate termination.</b>		
<b>Completed by:</b> Vanessa Morales		<b>Date:</b> 6/17/2016
<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"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof		<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:
<b>Consequence if incident occurs again:</b>		
<b>Human Resources Signature(s):</b>		<b>Date</b>
<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> <u>Minerva Ciriaco</u>		<b>Date:</b> <u>6.17.16</u>
<b>Witness signature (if any):</b> <u>[Signature]</u>		<b>Date:</b> <u>6.17.16</u>
<b>Signature of person presenting report:</b> <u>[Signature]</u>		<b>Date:</b> <u>6.17.16</u>