



# Disciplinary Report Form

<b>Employee name:</b> Hoang Nguyen	<b>Hire Date:</b> 2/10/15	<b>Job title:</b> Patties
<b>Department:</b> Pattie	<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.) 4/2/15 sick      6/1/15 death in family      7/28/15 other 5/14/15 sick      7/17/15 other		
<b>Completed by:</b> Jenny Missell		<b>Date:</b> 7/29/15
<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: written warning	
<b>Consequence if incident occurs again:</b>		
<b>Human Resources Signature(s):</b> 		<b>Date:</b> 7/29/15
<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> 7-29
<b>signature (if any):</b>		<b>Date:</b>
<b>person presenting report:</b>		<b>Date:</b>
		<b>Witness Signature of</b>