



Disciplinary Report Form

Employee name: Akha Okan	Hire Date: 6/11/15	Job title: Dackout
Department: Dimension	Shift: 2nd	Supervisor: Mark L.
Offense track: <input type="checkbox"/> Performance issue <input checked="" type="checkbox"/> Work rule violation Work rule violated, if any:		
Type of offense: <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		
<p>Akha hit his 4th and 6th absence last week Monday he called in sick. Tuesday he didn't call at all and Wed. he said his car was broke down.</p>		
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.)		
11/12/15 other ? 4/18/16 Sick 1/11/16 Sick 4/19/16 NCNS 2/27/16 other 4/20/16 car problems		
Completed by: Renee Burns		Date: 4/25/16
(Shaded area to be completed by Human Resources only.)		
Progressive step: <input checked="" type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof		Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: Oral warning given on Feb 27 th .
Consequence if incident occurs again: 8 absences by 7/12/16 = termination		
Human Resources Signature(s): Renee Burns		Date: 4/25/16
Employee statement: <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> 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: Akha Okan		Date: 04/26/16 Witness signature (if any):
person presenting report:		Date: Signature of