



# Disciplinary Report Form

Employee name: <i>Patricia Cruz Santos</i>	Hire Date: <i>3/31/10</i>	Job title: <i>Production</i>
Department: <i>Proc 10</i>	Shift: <i>1st</i>	Supervisor: <i>Isabel Martinez</i>
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation <b>Work rule violated, if any:</b>		

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

*X failing to follow instructions given by doctor and working outside of restrictions.*

**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.)  
*on 3-19-13, Patricia stated to her doctor that she is in a position that does not accommodate to her restrictions and she is required to forward her to forward band and reach. Patricia is choosing to do this on her own behalf and choosing to work out of her restrictions*

Completed by: <i>Kelsey Adickel</i>	Date: <i>3-22-13</i>
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**(Shaded area to be completed by Human Resources only.)**

<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 <i>X Suspension 3 days. Return to work agreement 2/22/13 Effective 3/24, 3/27, &amp; 3/28.</i>	<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: <i>X verbal written on 2/24/13.</i>
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**Consequence if incident occurs again:**  
*possible suspension and/or reassignment end*

Human Resources Signature(s): <i>Kelsey Adickel</i>	Date: <i>3-22-13</i>
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**Employee statement:**  I agree with the incident description above.  I disagree with the incident description above. **Date report presented to employee:**

**Employee comments:** (Attach sheets if necessary.)  
*Patricia refused to sign warning on 3/25/13.  
Kelsey Adickel 3-25-13*

**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:** \_\_\_\_\_ **Witness signature (if any):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of person presenting report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*[Signature] 3/25/2013 (Witness & Interpreter)*



Pain Reliever

**Diagnosis(es)**

R/L/Both	Area	Injury	Chronicity	Comment
	Back	Strain		underlying minor arthritis noted on x-ray

Additional Diagnosis Information:

*back pain continues to flare due to poor body mechanics on the job. This needs to be addressed if we are going to resolve this problem.*

**Assessment / Disposition**

If employer is unable to accommodate restrictions, employee cannot work.

Return in approximately  day(s) or  week(s) or on

Comments:

*Will consider a MRI or Physical Medicine consult if this does not resolve soon.*

Healthcare Provider: (Clinician) **Michael Toth, DO**  
OMC - Rochester Southeast, 210 Ninth Street SE, Rochester, MN 55904  
(507) 292-7186

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Approved: Michael Toth, DO

3/19/2013 4:29:00 PM

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2013/03/10 AMDL:17:50  
CAM101P - CAM18

