



# Disciplinary Report Form

Employee name: <u>Matt Rau</u>	Hire Date: <u>10-20-14</u>	Job title: <u>Grinder</u>
Department: <u>Grind</u>	Shift: <u>2nd</u>	Supervisor: <u>Mark Lieser</u>

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  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

old 11/11/14 sick (I erased 2 other ones)

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.)

1-14-15 Sick 2/25/15 Car accident  
2-16-15 cat problem 3/25/15 sick

Completed by: Renee Burns Date: 3-26-15

(Shaded area to be completed by Human Resources only.)

Progressive step: <input 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: <u>oral warning given 2/14/15</u>
--	--

Consequence if incident occurs again: One more absence by 4/30/15 possible termination

Human Resources Signature(s): Renee Burns Date: 3-26-15

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.)

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: [Signature] Date: 3/26/15 Witness signature (if any): \_\_\_\_\_ Date: \_\_\_\_\_ Signature of person presenting report: \_\_\_\_\_ Date: \_\_\_\_\_