



# Disciplinary Report Form

<b>Employee name:</b> Vlad Trofimovich		<b>Hire Date:</b> 09/16/13	<b>Job title:</b> Production
<b>Department:</b> Shipping		<b>Shift:</b> 1st	<b>Supervisor:</b> Angela D.
<b>Offense track:</b> <input checked="" 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 checked="" 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.)  Attendance for months of December 2013, January 2014, & February 2014 When work is completed employee has been caught standing around waiting have to keep moving and working.			
<b>Completed by:</b> Samantha Tovar			<b>Date:</b> 02/11/2014
<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		<b>Previous warnings:</b> 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>		<b>Date:</b> 2.11.14	<b>Witness signature (if any):</b>
<b>person presenting report:</b>		<b>Date:</b> 02/11/14	<b>Signature of</b>