



Disciplinary Report Form

Employee name: <u>Travis Higgins</u>	Hire Date: <u>1-7-15</u>	Job title: <u>Shipping/receiving</u>
Department: <u>Shipping</u>	Shift: <u>mid</u>	Supervisor: <u>Dick Lunser</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

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.)
3-9-15 palette hit water pipe and created a leak
3-5-15 hit garage door with forklift
(early on) tipped palettes

Completed by: Renee Burns Date: 3-9-15

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

Progressive steps: <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: _____
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Consequence if incident occurs again: If another accident occurs, possible termination or demotion

Human Resources Signature(s): Renee Burns Date: 3-9-15

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.)
pay closer attention

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: 3-9-15 Witness signature (if any): _____ Date: _____ Signature of person presenting report: _____ Date: _____