



Disciplinary Report Form

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|--|---|-------------------------------|
| Employee name: William Larin | Hire Date: 4-21-2016 | Job title: Delta Hawk |
| Department: Production | Shift: 1 st shift | Supervisor: Curt R. |
| Offense track: <input type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any: | | |
| <p>Type of offense: <input checked="" type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Misuse of 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"/> Spreading gossip <input type="checkbox"/> Using vulgar language <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 <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers</p> <p><input checked="" type="checkbox"/> Absenteeism</p> | | |
| <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.)</p> <p>William has been absent on several occasions. Attendance needs to improve immediately.</p> | | |
| Completed by: Kate Ritter | Date: 7-14-2016 | |
| (Shaded area to be completed by Human Resources only.) | | |
| <p>Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof</p> <p>Written</p> | <p>Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:</p> <p>Verbal</p> | |
| Consequence if incident occurs again: Final | | |
| Human Resources Signature(s): Kate Ritter | Date: 7-14-2016 | |
| <p>Employee statement: <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above.</p> <p>Date report presented to employee:</p> | | |
| Employee comments: (Attach sheets if necessary.) | | |
| <p>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.</p> <p>Employee signature: <u>William Larin</u></p> <p>Witness signature (if any): _____</p> <p>Signature of person presenting report: <u>Joanna Perry</u></p> | | |
| | Date: <u>7-22-2016</u> | Date: <u>7-22-2016</u> |
| | Date: _____ | Date: _____ |