



# Disciplinary Report Form

Employee name: <u>Ahmed Yussuf</u>	Hire Date: <u>10-28-15</u>	Job title: <u>Sanitation</u>
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Department: <u>Sanitation</u>	Shift: <u>3rd</u>	Supervisor: <u>Tim Holt</u>
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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

5 Absences within 3 months of work

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.)

12/29/15 - Sick                      1/18/16 Had to help family member w/ eye issues  
1/16/16 - had to drive                      1/22/16 Sick  
family member                      1/23/16 Sick  
to the cities

Completed by: <u>Renee Burns</u>	Date: <u>1-25-16</u>
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(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 today</u> <u>as well (all absences happened</u> <u>so close together)</u>
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Consequence if incident occurs again:  
Possible termination

Human Resources Signature(s): <u>Renee Burns</u>	Date: <u>1/25/16</u>
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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.)

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: Ahmed Yussuf                      Date: 2/3/16                      Witness signature (if any): \_\_\_\_\_                      Date: \_\_\_\_\_                      Signature of person presenting report: \_\_\_\_\_                      Date: \_\_\_\_\_