

[COMPANY NAME AND LOGO]

# EMPLOYEE DISCIPLINARY ACTION FORM

## EMPLOYEE INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

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## DESCRIPTION OF INFRACTION

- Attendance  - Negligence  - Insubordination  Workplace Safety  - Punctuality

- Work Quality  - Other (explain)

\_\_\_\_\_

Date of Infraction: \_\_\_\_\_ Time of Infraction: \_\_\_\_\_

Location of Infraction: \_\_\_\_\_

Details of Infraction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## WARNING

Previous Warnings

1<sup>st</sup> Warning - Date: \_\_\_\_\_ Type:  - Verbal  - Written

2<sup>nd</sup> Warning - Date: \_\_\_\_\_ Type:  - Verbal  - Written

3<sup>rd</sup> Warning - Date: \_\_\_\_\_ Type:  - Verbal  - Written

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**EMPLOYERS'S STATEMENT**

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**EMPLOYEE'S STATEMENT**

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**DECISION**

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Decision Approved by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

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**SIGNATURES**

Employer's/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

I acknowledge receipt of this warning decision. I have read and understood its contents and have been provided with a copy.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

