



DISCIPLINARY ACTION FORM

Employee Name _____ Date _____

Action(s) taken (check all that apply):

Coaching Verbal Warning Written Warning
 Termination Other: _____

Description of incident, issue, or occurrence:

Absence/Tardiness Safety Violation Performance/Conduct
 Policy Violation Other: _____

Date of incident or occurrence: _____

Explanation of incident, issue, occurrence, or policy violation: _____

Corrective action plan: _____

Employee Comments: _____

By signing below, you acknowledge that you have received this disciplinary statement and your failure to correct this issue or any other policy or rule violation will result in further disciplinary action, up to and including termination. Refusing to sign will be viewed as insubordination and will cause your immediate termination.

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____