Disciplinary Report Form\*

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| --- | --- | --- |
| **Employee Name:** | | **Job Title:** |
| **Department:** | | **Supervisor:** |
| **Date/Time of Occurrence:** | | **Location:** |
| **Type of offense:** |  |  |
| Absenteeism | Smoking in undesignated area | |
| Tardiness | Posting items without permission | |
| Leaving work area without permission | Fighting or creating conflict | |
| Misuse of property/equipment | Using vulgar language | |
| Leaking confidential information | Rudeness | |
| Theft or fraud | Abusiveness | |
| Lying or cheating | Bringing weapon onsire | |
| Falsifying documents | Bringing illegal drugs/alcohol onsite | |
| Unsafe behavior/horseplay | Failing to follow instructions | |
| Poor work quality | Insubordination | |
| Poor work quantity | Sleeping on the job | |
| Poor hygiene | Disregarding dress code | |
| Other | Other | |

**Facts of Incident:(Attach additional page if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Past Disciplinary Action:** | | | | |
| Date | Type | Details | Written Report Prepared: | |
| Yes | No |
|  |  |  | Yes | No |
|  |  |  | Yes | No |
|  |  |  |  |  |

**Consequence if incident occurs again:**

|  |  |
| --- | --- |
| **Completed by:** | **Date:** |

**Employee Statement regarding facts of incident:(attach additional page 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 following instructions in Staff Handbook. |  |
| Employee Signature | Date: |
| Witness Signature (if any) | Date |

\*Complete immediately and forward within three (3) business days to: Director of Human Resources

HR form/9/2007