

**Disciplinary Report Form\***

<b>Employee Name:</b>	<b>Job Title:</b>																								
<b>Department:</b>	<b>Supervisor:</b>																								
<b>Date/Time of Occurrence:</b>	<b>Location:</b>																								
<b>Type of Offense:</b> <table> <tr> <td>Absenteeism</td> <td>Tardiness</td> <td>Leaving work without permission</td> </tr> <tr> <td>Misuse of property/equipment</td> <td>Theft or fraud</td> <td>Leaking confidential information</td> </tr> <tr> <td>Lying or cheating</td> <td>Falsifying documents</td> <td>Unsafe behavior/horseplay</td> </tr> <tr> <td>Poor work quality</td> <td>Poor work quantity</td> <td>Smoking in undesignated area</td> </tr> <tr> <td>Poor hygiene</td> <td>Posting items without permission</td> <td>Fighting or creating conflict</td> </tr> <tr> <td>Using inappropriate language</td> <td>Rudeness</td> <td>Abusiveness</td> </tr> <tr> <td>Bringing weapon onsite</td> <td>Bringing illegal drugs/alcohol onsite</td> <td>Failing to follow instructions</td> </tr> <tr> <td>Sleeping on the job</td> <td>Disregarding dress code</td> <td>Other</td> </tr> </table>		Absenteeism	Tardiness	Leaving work without permission	Misuse of property/equipment	Theft or fraud	Leaking confidential information	Lying or cheating	Falsifying documents	Unsafe behavior/horseplay	Poor work quality	Poor work quantity	Smoking in undesignated area	Poor hygiene	Posting items without permission	Fighting or creating conflict	Using inappropriate language	Rudeness	Abusiveness	Bringing weapon onsite	Bringing illegal drugs/alcohol onsite	Failing to follow instructions	Sleeping on the job	Disregarding dress code	Other
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**Facts of Incident: (Attach additional page if necessary)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Past Disciplinary Action:**  
 Date \_\_\_\_\_ Type \_\_\_\_\_ Was written report prepared? Yes\_\_ No\_\_  
 Details: \_\_\_\_\_  
 \_\_\_\_\_

**Past Disciplinary Action:**  
 Date \_\_\_\_\_ Type \_\_\_\_\_ Was written report prepared? Yes\_\_ No\_\_  
 Details: \_\_\_\_\_  
 \_\_\_\_\_

**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 the Staff Handbook.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature (if any) \_\_\_\_\_ Date: \_\_\_\_\_

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