

Employee Disciplinary Form

General Information

Employee Name: _____

Date of Violation: _____

Position: _____

Date Reported: _____

Department: _____

Check the types of Violations applied:

<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	Conduct
<input type="checkbox"/>	Falsification of official documents	<input type="checkbox"/>	Insubordination
<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>	Theft
<input type="checkbox"/>	Retaliation	<input type="checkbox"/>	Attendance
<input type="checkbox"/>	Intoxication/Drug Related	<input type="checkbox"/>	Other

Full-Details of Violation

Resolution

I have studied the above assertions. I agree to comply with the improvement plan. In addition, I am aware that any subsequent infractions will result in significant disciplinary action, up to and including termination.

Employee Signature: _____

Supervisor Signature: _____

Date: _____