

NOTICE OF DISCIPLINARY ACTION

EMPLOYEE NAME: _____ DATE OF NOTICE: _____

SUPERVISOR NAME: _____ JOB POSITION: _____

TYPE OF PROBLEM OR VIOLATION:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Quantity of Work | <input type="checkbox"/> Drug or Alcohol Abuse |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Neatness | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Date of Occurrence: _____ | |

DETAILS OF OCCURRENCE (Include description of impact on Company):

CORRECTIVE ACTION TO BE TAKEN:

Suspension: With Pay Without Pay First Day: _____
Other: _____ Last Day: _____

EXPECTED IMPROVEMENT (Include a clear statement as to the consequences of failing to improve)

EMPLOYEE'S STATEMENT (Use additional paper if necessary)

By signing this notice, I am acknowledging that I have been counseled about my inappropriate conduct and informed of consequences if improvements are not made.

Employee Signature: _____ Date: _____

SUPERVISOR CHECKLIST FOR NOTICE OF DISCIPLINARY ACTION

- Reviewed the Managing Poor Performance Checklist.
- Described problem in detail to employee
- Explained how problem interferes with work environment, employee performance, business operations, profitability, or the well-being of other employees.
- Explained in detail what employee must do to improve performance or change behavior.
- If applicable, stated deadline for improvements.
- Action discussed with and approved by human resource department prior to employee counseling.
- Explained consequences if improvements are not achieved by date specified.
- Explained employee is “at will” and that there may be no further warnings prior to termination.
- Discipline is consistent with treatment of other employees guilty of similar violations.
- Provided Employee Correction Form.

Supervisor _____

Date: _____

Human Resources _____

Date: _____

Note: Place original in personnel file.