

NOTICE OF DISCIPLINARY ACTION

Employee Name: _____ Date of Notice: _____

Supervisor Name: _____ Job Position: _____

Type of Problem or Violation:

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

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 as 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 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 resources dept prior to employee counseling
- Explained consequences of 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: _____