**DISCIPLINARY ACTION NOTICE
Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of \_\_\_\_\_\_\_\_\_\_\_\_
Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Violation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attendance or Job Abandonment |  | Carelessness |  | Insubordination |  |
| Positive Drug Screen |  | Failure to Follow Instructions |  | Violation of Safety Rules |  |
| Rudeness to Employees/Customers |  | Willful Damage to Material or Equipment |  | Working on Personal Matters |  |
| Unsatisfactory Work/Quality |  | Violation of Policies or Procedures |  | Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action to be Taken** | **Disciplinary History** | **Minor**(Date) | **Major** (Date) | **Critical** (Date) | **By Whom** |
|  | Warning |
|  | Action Plan | 1st Offense |  |  |  |  |
|  | Suspension | 2nd Offense |  |  |  |  |
|  | Termination | 3rd Offense |  |  |  |  |
|  | Verbal  |  |  |  |  |  |

**Facts:** *(when, what, who, where, impact – describe observations, not opinions or assumptions, may add attachments)*

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**Actions:** *(next steps, define what improvement is needed, consequences for not meeting standards)*

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**Employee Comments:** *(optional, at employee’s discretion)*

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I have received this Employee Warning Notice and understand that failure to improve may result in further disciplinary action up to and including termination.

Signature of Employee Date

Signature of Supervisor Who Issued Warning Date