

# Employee Disciplinary Report

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Verbal Warning

Written Warning

Final Written Warning

Suspended for \_\_\_\_ Days.

Termination

Violation of which policy/SOP: \_\_\_\_\_

What specific actions led to the policy violation:

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Corrective action to ensure no repeat violations occur: \_\_\_\_\_

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What action will take place for repeat offenses: Further disciplinary action up to and including termination.

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Signature of Manager/Supervisor

Date

I have read and understand the information in this disciplinary report.

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Employee Signature

Date

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Human Resources Review

Date