

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:

Corrective action to ensure no repeat violations occur: _____

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

Signature of Manager/Supervisor

Date

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

Employee Signature

Date

Human Resources Review

Date