

## DISCIPLINARY ACTION FORM

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

**Section A: Employee Information**

Name: _____	Center: _____	Title: _____
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**Section B: Description of Incident**
**Date of Incident:** \_\_\_\_\_

<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Failure to Complete Mandatory Training
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Policy Violation	<input type="checkbox"/> Neglect / Abuse Violation
<input type="checkbox"/> Conduct	<input type="checkbox"/> Substandard Performance	<input type="checkbox"/> Other _____

**Section C: Explanation of Incident** *(Attach another document if space below is limited for documentation)*


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**Section D: Action Taken**

<input type="checkbox"/> Record of Discussion	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Final Written Warning
<input type="checkbox"/> Suspension (Pending Investigation)	Effective Date: _____	Days: _____
<input type="checkbox"/> Termination	Effective Date: _____	<input type="checkbox"/> PIP Days: _____

**Section E: Action Plan**


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**Section F: Should your record continue to be unacceptable in the above area(s), the company will find it necessary to take the following disciplinary action (or more depending on the situation):**

<input type="checkbox"/> Record of Discussion	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Final Written Warning
<input type="checkbox"/> Suspension (Pending Investigation)	Effective Date: _____	Days: _____
<input type="checkbox"/> Termination	Effective Date: _____	<input type="checkbox"/> PIP Days: _____

**Section G: Employee Comments**


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**You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation of company policy will result in additional disciplinary action up to and including discharge.**

*By signing below, you acknowledge that you have received this notice.*

Employee Name: _____	Signature: _____ <input type="checkbox"/> Employee Refused to Sign	Date: _____
Supervisor Name: _____	Signature: _____	Date: _____

**Received by:**

HR Name: _____	Signature: _____	Date: _____
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*Please be sure to submit all disciplinary actions to Human Resources for employee's personnel file. • Please make sure to address and present disciplinary action for incidents within 5 business days. • If an employee is suspended pending investigation, you must complete your investigation within 5 business days so the employee can be informed of the conclusion of the investigation. If the incident was unsubstantiated the employee will be paid for the time, they were off on suspension. • Make sure to provide any other relevant documentation that should go with this disciplinary action. • All disciplines will stay on file for 12 months from date of incident. Please contact your DM and HR before suspending or terminating an employee to make sure all steps have been followed.*

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