



# Disciplinary Action Form

Use this form to document disciplinary actions.

Name of Employee:	Supervisor Name:
Job Position:	Date of Occurrence:
Violation: <input type="checkbox"/> Absent / Tardiness <input type="checkbox"/> Insubordination <input type="checkbox"/> Safety <input type="checkbox"/> Policy Violation <input type="checkbox"/> Substance Use <input type="checkbox"/> Work Performance <input type="checkbox"/> Other	

### I. Description of the Occurrence:

### II. Has this or a similar infraction occurred before?

- No
- Yes, Describe:

### III. Corrective Action For This Incident:

Type	Action Taken
<input type="checkbox"/> Zero Tolerance	<input type="checkbox"/> Training:
<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Suspension: ___ 1 day ___ 3 day ___ 1 week
<input type="checkbox"/> Written Warning	<input type="checkbox"/> Other:
<input type="checkbox"/> Termination (Date: _____)	

- Check here if the employee has been informed of this violation and corrective measures, and is aware it will be filed in their personnel file. Failure to complete corrective actions may result in further discipline.

To the best of my knowledge, the above information is truthful and accurate.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date