



DISCIPLINARY ACTION FORM

NAME _____ DATE ____ / ____ / ____ INFRACTION ____ / ____ / ____

SUPERVISOR _____ PROJECT _____ UNION _____

NATURE OF VIOLATION	
<input type="checkbox"/> ABSENTEEISM	<input type="checkbox"/> VIOLATION OF COMPANY POLICIES
<input type="checkbox"/> CARELESSNESS	<input type="checkbox"/> VIOLATION OF SAFETY RULES
<input type="checkbox"/> TARDINESS/EARLY OUT	<input type="checkbox"/> WILLFULL DAMAGE TO EQUIPMENT
<input type="checkbox"/> INSUBORDINATION	<input type="checkbox"/> THEFT
<input type="checkbox"/> FAILURE TO FOLLOW INSTURCTIONS	<input type="checkbox"/> POOR HOUSEKEEPING
<input type="checkbox"/> INTOXICATION OR DRUGS	<input type="checkbox"/> IMPROPER CONDUCT
<input type="checkbox"/> UNSATISFACTORY WORK QUALITY	<input type="checkbox"/> EXCESSIVE CELL PHONE USAGE
<input type="checkbox"/> GENDER/RACIAL/RELIGIOUS DISCRIMINATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> FAILED TO FOLLOW SAFE, REASONABLE AND LEGITIMATE MANAGEMENT DIRECTIVES	

SUPERVISOR REMARKS: _____ EMPLOYEE REMARKS: _____

ACTION TAKEN ON THIS NOTICE
VERBAL ☐ WRITTEN ☐ IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SEPARATE SHEET.
TERMINATION ☐ DATE TERMINATED ____ / ____ / ____

EMPLOYEE _____ SUPERVISOR _____ STEWARD _____
SIGNATURE SIGNATURE SIGNATURE



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