**RECORD OF DISCIPLINARY ACTION**

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| --- | --- |
| [EMPLOYEE’S NAME] | [EMPLOYEE’S TITLE] |
| [MANAGER’S NAME] | [MANAGER’S TITLE] |
| [TODAY’S DATE] | [INCIDENT DATE] |
| [INCIDENT TIME] | [INCIDENT LOCATION] |

Description of the Incident:

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Witnesses to the Incident:

1. [NAME]
2. [NAME]
3. [NAME]

Was this Incident in violation of our set company policy? ☐ Yes ☐ No

If yes, specify which policy and how the incident violated it.

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List the names of those in attendance at current disciplinary action meeting:

1. [NAME]
2. [NAME]
3. [NAME]

What disciplinary action will be taken against the employee?

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Has the impropriety of the employee’s actions been explained to the employee? ☐ Yes ☐ No

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Did the employee offer any explanation for the conduct? If so, what was the explanation?­­­

Choose the corrective or disciplinary action to be taken:

☐ Verbal ☐ Written ☐ Probation ☐ Suspension ☐ Other (explain below)

(If on probation, period begins [DATE] and ends [DATE])

List the agreed goals to be achieved:

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List the consequences for employee’s failure to improve performance or correct behavior:

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Indicate the details of prior discussions or warnings on this subject, whether oral or written:

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**ACCEPTANCE STATEMENT OF THE EMPLOYEE:**

I hereby warrant, agree, and acknowledge that I have read and understood the above information and consequences.

SUPERVISOR

[COMPANY’S NAME]

[AUTHORIZED SIGNATURE]

[NAME]

[JOB TITLE], [COMPANY’S NAME]

EMPLOYEE

[AUTHORIZED SIGNATURE]

[NAME]

[JOB TITLE], [COMPANY’S NAME]

Distribution: One copy to the Employee, one copy to the Supervisor and original to the Personnel File.