NOTICE OF DISCIPLINARY ACTION

EMPLOYEE NAME: _____ DATE OF NOTICE: _____

SUPERVISOR NAME: _____ JOB POSITION: _____

TYPE OF PROBLEM OR VIOLATION:

- ☐ Tardiness
- ☐ Absenteeism
- ☐ Insubordination
- ☐ Other: _____
- ☐ Quality of Work
- ☐ Quantity of Work
- ☐ Neatness
- ☐ Safety
- ☐ Drug or Alcohol Abuse
- ☐ Carelessness
- ☐ Date of Occurrence: _____

DETAILS OF OCCURRENCE (Include description of impact on Company):

CORRECTIVE ACTION TO BE TAKEN:

Suspension: ☐ With Pay ☐ Without Pay First Day: _____

Other: _____ Last Day: _____

EXPECTED IMPROVEMENT (Include a clear statement as to the consequences of failing to improve)

EMPLOYEE'S STATEMENT (Use additional paper if necessary)

By signing this notice, I am acknowledging that I have been counseled about my inappropriate conduct and informed of consequences if improvements are not made.

Employee Signature: _____ Date: _____

SUPERVISOR CHECKLIST FOR NOTICE OF DISCIPLINARY ACTION

- ☐ Reviewed the Managing Poor Performance Checklist.
- ☐ Described problem in detail to employee
- ☐ Explained how problem interferes with work environment, employee performance, business operations, profitability, or the well-being of other employees.
- ☐ Explained in detail what employee must do to improve performance or change behavior.
- ☐ If applicable, stated deadline for improvements.
- ☐ Action discussed with and approved by human resource department prior to employee counseling.
- ☐ Explained consequences if improvements are not achieved by date specified.
- ☐ Explained employee is "at will" and that there may be no further warnings prior to termination.
- ☐ Discipline is consistent with treatment of other employees guilty of similar violations.
- ☐ Provided Employee Correction Form.

Supervisor _____ Date: _____

Human Resources _____ Date: _____

Note: Place original in personnel file.