

Employee Disciplinary Action Form

Section 1: Employee Information

Employee Name: _____

Date/Time of Offense(s): _____

Section 2: Type of Offense(s) (select all that apply)

Any Offense may result in suspension or termination, depending on the severity of the Offense(s) and damaged caused. Suspension or Termination may be the result of multiple offenses on one occasion, harm to self or others, major property damage, theft or other crime committed and/or it is a repeated Offense with one or more Disciplinary Action Form

Level 1	Level 2	Level 3	Level 4
☐ Violation of dress code	☐ Tardy for scheduled shift	☐ Calling in to inform the supervisor you are not able to come in for a scheduled shift without adequate notice to find a replacement within 24 hours.	☐ No Call / No Show
☐ Failure to complete paperwork	☐ Inappropriate electronic use	☐ Leaving workstation unattended	☐ Theft
☐ Excessive Visits from peers	☐ Working out during your shift	☐ Unexcused absence from staff training	☐ Verbal/physical harassment
☐ Insubordination or Misconduct	☐ Insubordination or Misconduct	☐ Improper behavior to a patron(s)	☐ Payroll fraud
		☐ Insubordination or Misconduct	☐ Breaching confidentiality
			☐ Insubordination or Misconduct
☐ Other (describe): _____			

Section 3: Details (list facts only)

Describe what happened (List Facts, include details, damages, injuries, etc.) If more space is needed use the back of this form

Supervisor have discussed the offense. Signing this form does not necessarily indicate that you agree with everything including above.

On-Duty Supervisor signature : _____

Employee signature: _____

On-Duty Supervisor printed name: _____

Employee printed name: _____

Meeting with Facility Supervisor was conducted on: _____

Section 4: Employee Statement

☐ I agree with the on-duty supervisor description of the violation

☐ I disagree with the on-duty supervisors description of the violation for the following reasons: (If more space is need use the back of this form)

Section 5: Corrective Action Plan (if needed)

Section 6: Actions to be taken (if needed)

Consequences of this violation:

☐ Return to Duty ☐ Suspension ☐ Termination

Suspension From: _____ To: _____

By signing this form you confirm that you understand the information included. You also confirm that the employee and the On-Duty Supervisor have discussed the offense and corrective action plan if needed. Signing this form does not necessarily indicate that you agree with everything on this form.

Facility Supervisor signature : _____

Employee signature: _____

Facility Supervisor printed name: _____

Employee printed name: _____