



Counseling / Disciplinary Notice

Employee Name: _____

Date of Incident: _____

Employee #: _____

Client: _____ Date of Reprimand: _____

TYPE OF VIOLATION

- | | | |
|--|---|---|
| <input type="checkbox"/> VIOLATION OF OR
FAILURE TO OBSERVE | <input type="checkbox"/> UNDER THE INFLUENCE
OF AND/OR POSSESSION
OF DRUGS OR ALCOHOL | <input type="checkbox"/> DAMAGE OR MISUSE OF
COMPANY PROPERTY |
| <input type="checkbox"/> WORK RULES &
PROCEDURES | <input type="checkbox"/> POOR MONEY
MANAGEMENT | <input type="checkbox"/> UNAUTHORIZED
REMOVAL OF COMPANY
PROPERTY |
| <input type="checkbox"/> SAFETY RULES &
PROCEDURES | <input type="checkbox"/> FAILURE TO COMPLETE
WORK ASSIGNMENT | <input type="checkbox"/> PHYSICAL/VERBAL ABUSE
AND/OR FIGHTING |
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> DISCOURTESY TO A
GUEST OR CLIENT | <input type="checkbox"/> OTHER (specify in remarks
section) _____ |
| <input type="checkbox"/> TARDINESS,
ABSENTEEISM, FAILURE
TO REPORT TO WORK | | |

PREVIOUS WARNINGS

	VERBAL	WRITTEN	DATE	BY WHOM
1 ST WARNING				
2 ND WARNING				
FINAL WARNING				

REMARKS (Explain reasons for warning or discipline, including specific details of incident or violation): _____

DISCIPLINARY ACTION

- ☐ WRITTEN WARNING
☐ VERBAL

☐ SUSPENSION # _____ DAYS
☐ DISCHARGE EFFECTIVE _____

EMPLOYEE STATEMENT

_____ I concur with employer's statement
_____ I disagree with employer's description
of violation

The reasons are: _____

_____ Employee refused to sign

Employee Signature

Supervisor Issuing Warning

Witness Signature

Date

Date

Date