

DISCIPLINARY STATEMENT

Name: _____ Date: _____
Date of incident or occurrence: _____

Action(s) taken (check all that apply):

____ Coaching ____ Written Warning ____ Verbal Warning
____ Termination ____ Other: _____

Description of incident, issue, or occurrence:

____ Absence/Tardiness ____ Safety Violation ____ Conduct
____ Policy Violation ____ Performance Issue ____ Other: _____

Explanation of incident, issue, occurrence, or policy violation:

Corrective action plan:

Disciplinary action if not corrected:

____ Written Warning ____ Final Warning ____ Termination
____ Other: _____

Employee Comments:

By signing below, you acknowledge that you have received this disciplinary statement:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

HR/ Witness (optional): _____ Date: _____