

Section 10 – Employee Disciplinary Action Form

Employee Name		Date of Violation	
Supervisor		Jobsite	
Description of Violation			
Method and Date of Abatement			
Previous Offenses of Same or Similar	<input type="checkbox"/> 1 st Offense	Previous Offense Date:	
	<input type="checkbox"/> 2 nd Offense		
	<input type="checkbox"/> 3 rd Offense		
Reprimand for this Violation	1 st offense: written reprimand 2 nd offense: sent home for the rest of the day without pay 3 rd offense: sent home for at least 3 days without pay (cannot return without approval from upper management)		
Employee Comments			

Signature of Supervisor: _____

Date: _____

Signature of Employee: _____

Date: _____

Re-Training for Violation	Supervisor should describe and date the training that took place to prevent re-occurrence of this violation.

Signature of Employee verifying Re-Training: _____ Date: _____