

## EMPLOYEE DISCIPLINARY RECORD

Employee Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
(Last) (First) (MI)

Client Company: \_\_\_\_\_ Client #: \_\_\_\_\_

Dept. / Job Title: \_\_\_\_\_ Date of Counseling Session: \_\_\_\_\_

***The company reserves the right to skip any of the steps and decide on the penalty based on the nature of the offense.***

### Action Taken:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Coaching / Counseling | <input type="checkbox"/> Written Warning       | <input type="checkbox"/> Suspension Days: _____ |
| <input type="checkbox"/> Verbal Warning        | <input type="checkbox"/> Final Written Warning | <input type="checkbox"/> Other: _____           |

### Areas of Concern:

- |   |  |
|---|--|
| <input type="checkbox"/> Absence / Tardiness                            | <input type="checkbox"/> Violation of Safety Policy                        |
| <input type="checkbox"/> Failure To Do Job                              | <input type="checkbox"/> Insubordination                                   |
| <input type="checkbox"/> Disregard for Supervisor / Coworker / Customer | <input type="checkbox"/> Failure to Comply with Company Policy / Procedure |
| <input type="checkbox"/> Gross Misconduct                               | <input type="checkbox"/> Other: _____                                      |

Reason for this counseling session:

\_\_\_\_\_  
\_\_\_\_\_

Corrective behavior required:

\_\_\_\_\_  
\_\_\_\_\_

Employee comments:

\_\_\_\_\_  
\_\_\_\_\_

**Failure to comply with the above and/or further violation of company policy may result in further disciplinary action up to and including termination.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_