Employee Disciplinary Action Form

Complete one form per disciplinary step. The supervisor fills in Parts 1 to 4; HR completes Part 5 before the form is presented to the employee, except where immediate removal from the workplace is needed for safety. Attach supporting documents (time records, incident report, witness statements, prior forms).

PART 1: EMPLOYEE INFORMATION

Employee name

Employee ID

Job title

Department / site / shift

Hire date

Supervisor completing this form

Date form prepared

Union-represented position

☐ No ☐ Yes: CBA article [__] applies

PART 2: TYPE OF ISSUE

- ☐ Attendance or tardiness
- ☐ No call / no show
- ☐ Performance or quality below standard
- ☐ Violation of company policy or procedure
- ☐ Safety violation
- ☐ Insubordination or refusal of a reasonable work instruction
- ☐ Workplace conduct (language, conflict, behavior toward others)
- ☐ Timekeeping, cash or record falsification

Other (describe)

Policy or standard involved (name and section)

PART 3: DESCRIPTION OF THE ISSUE

Date(s) and time(s) of incident(s)

Location

What happened (facts only: who, what, when, where, how observed)

Evidence attached

☐ Time / attendance records ☐ System or production reports ☐ Incident report
☐ Witness statements ☐ Video or photos ☐ Customer complaint ☐ None

Witnesses (names)

Employee's explanation when asked (date asked)

PART 4: PRIOR HISTORY AND ACTION

Prior coaching or discipline on the same or a related issue in the last 12 months (dates and level)

Action being taken now

☐ Documented coaching ☐ Verbal warning (documented) ☐ First written warning
☐ Final written warning ☐ Suspension without pay ([__] days, non-exempt only unless permitted)
☐ Suspension pending investigation ☐ Recommendation for termination

Reason this level was chosen (including any steps skipped and why)

Expected standard going forward (specific and measurable)

Improvement period / review date

Support or resources offered (training, schedule review, EAP)

Consequence if the issue continues or recurs

PART 5: HR REVIEW (BEFORE PRESENTING)

- ☐ Level is consistent with policy and with how similar cases were handled
- ☐ No protected leave, accommodation, or legally protected absence counted
- ☐ Checked for recent complaints, protected activity, workers' comp claims or accommodation requests by this employee
- ☐ Facts verified and documentation attached
- ☐ Pay deduction or unpaid suspension reviewed for FLSA exempt status and state law

HR reviewer name

HR comments or changes required

HR approval date

PART 6: EMPLOYEE RESPONSE

Employee comments (attach additional pages if needed)

Employee wishes to file a written rebuttal or appeal

☐ No ☐ Yes: due by [date]

PART 7: ACKNOWLEDGEMENT AND SIGNATURES

My signature confirms that this form was reviewed with me and I received a copy. It does not mean I agree with it. I understand I may add written comments, which will be kept with this form.

SIGNATURES

Employee signature

Date

Date

☐ Employee declined to sign (witness initials)

Supervisor signature

Date

HR representative / witness signature

Date

Follow-up review completed on (date and outcome)