**EMPLOYEE DISCIPLINARY FORM**

**GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | [Employee name] | **Date Reported:** | [Date] |
| **Department:** | [Department] | **Date of Violation:** | [Date] |
| **Position:** | [Position] | | |
| **Manager on Duty:** | [Manager on Duty] | | |

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| **DETAILS OF VIOLATION** |
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| **IMPROVEMENT PLAN** |
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I have reviewed the above statements. I agree to abide by the improvement plan. Furthermore, I understand that any further violations will result in additional disciplinary action up to and including termination.

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Employee Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Supervisor Signature** |  | **Date** |