

CONFIDENTIAL

Employee Disciplinary Form

Warning Date: _____

Employee Name: _____

Infraction(s)

<input type="checkbox"/> Attendance	<input type="checkbox"/> Safety/Violation of Safety Rules
<input type="checkbox"/> Breach of Company Policy	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Carelessness	<input type="checkbox"/> Leaving work early
<input type="checkbox"/> Conduct	<input type="checkbox"/> Unauthorized Absence
<input type="checkbox"/> Creating a Disturbance	<input type="checkbox"/> Work Quality/Accuracy
<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Willful Damage to Company Property
<input type="checkbox"/> Insubordination	<input type="checkbox"/> HIPAA breach
<input type="checkbox"/> Performance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Confidentiality	_____

First Notice _____ Second Notice _____ Third Notice _____ Final Notice _____

Description of Infraction(s):

Plan for Improvement:

Consequence for further infractions:

Manager's notes:

Further misconduct or infraction(s) will result in disciplinary action, up to and including immediate termination.

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you have read and understand the information in this warning. Signing this form does not necessarily indicate that you agree with this warning.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____