

Form Number LLCF-016	Issue Date 07/15/04	Revision Date 06/15/21	Form Number LLCF-016
<b>Disciplinary Report</b>			

Name of Employee: \_\_\_\_\_ Employee Phone: \_\_\_\_\_ Dept. / Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Action: \_\_\_\_\_

1<sup>st</sup>   
 2<sup>nd</sup>   
 3<sup>rd</sup>   
 4<sup>th</sup>

**Type of Infraction**

<input type="checkbox"/> Unexcused Absences	<input type="checkbox"/> Unexcused Early Departure
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Poor Quality Workmanship
<input type="checkbox"/> Failure to Obey Direct Order from Supervisor	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Failure to Wear Required PPE	<input type="checkbox"/> Damage to Property
<input type="checkbox"/> Unsafe Act Causing Injury / Potential Injury to Fellow Employee	
<input type="checkbox"/> Other: <input style="width: 600px; height: 40px;" type="text"/>	

Explanation or Reason for Above Actions:

**Recommended Corrective Action**

Verbal Reprimand   
 Written Reprimand   
 Suspended Service   
 Termination

**Signatures**

_____ Employee Signature	_____ Date Signed
_____ Supervisor Signature	_____ Div. Mgr. Signature

Comments: