

Form Number LLCF-016	Issue Date 07/15/04	Revision Date 06/15/23	Form Number LLCF-016
	Disciplinary Report		

Name of Employee:	Employee Phone:	Dept. / Location:
<hr/>		
Occupation:	Date of Action:	
<hr/>	<hr/>	<input type="radio"/> 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th

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:	<div></div>

Explanation or Reason for Above Actions:

Recommended Corrective Action

☐ Verbal Reprimand ☐ Written Reprimand ☐ Suspended Service ☐ Termination

Signatures

<hr/>	<hr/>
Employee Signature	Date Signed
<hr/>	<hr/>
Supervisor Signature	Div. Mgr. Signature

Comments: