

Form Number LLCF-016	Issue Date 07/15/04	Revision Date 01/01/24	Form Number LLCF-016
Disciplinary Report			

Name of Employee: _____ Employee Phone: _____ Dept. / Location: _____

Occupation: _____ Date of Action: _____

1st
 2nd
 3rd
 4th

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: