

Form Number LLCF-016	Issue Date 07/15/04	Revision Date 01/15/26	Form Number LLCF-016
Disciplinary Report			

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

GIS Company Name: _____

Occupation: _____ Date of Action: _____ 1st 2nd 3rd 4th

Type of Infraction

Unexcused Absences Unexcused Early Departure
 Tardiness Poor Quality Workmanship
 Failure to Obey Direct Order from Supervisor Horseplay
 Failure to Wear Required PPE Damage to Property
 Unsafe Act Causing Injury / Potential Injury to Fellow Employee
 Other:

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: