



## Disciplinary Action

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Issued to: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Printed Name)

Issued by: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Printed Name)

<b>TYPE:</b>	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Policy Violation	<input type="checkbox"/> Other
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<b>ACTION:</b>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Suspension	<input type="checkbox"/> Termination
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Description of violation:

Action Plan:

Did employee deliberately violate a written company policy?

☐ Yes ☐ No

Was employee aware of the policy?

☐ Yes ☐ No

Has employee violated this policy before?

☐ Yes ☐ No

### EMPLOYEE ACKNOWLEDGEMENT

I agree with the statements on this form and understand that continued violation of the rule(s) listed above will result in further disciplinary measures, up to and including termination of employment.

Employee: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature)

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