Employee Disciplinary Report

# Name:

Employee Number: Department:

# Date of Incident: Time of Incident:

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| **Action to be taken: (ch** | **eck** | **appropriate box)** |  |  |  |  |  |  |
| Verbal coaching |  | Written warning |  | Reprimand with  disciplinary action |  | Suspension |  | Dismissal |

**Nature of incident: (check applicable items)**

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| Unexcused absence |  | Failure to follow instructions |  | Dishonesty |
| Tardiness |  | Leaving without permission |  | Destruction of City property |
| Fail drug or alcohol test |  | Substandard work |  | Theft/stealing |
| Insubordination |  | Improper conduct |  | Other |
| Reporting under the influence of alcohol/drugs |  | Careless operation of vehicle or equipment |  |  |

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| **Supervisor’s remarks:**  (attach separate page if needed) |
| **Witnesses:** |
| **Employee’s remarks:**  (attach separate page if needed) |

I have read this report:

Signature of Employee Date

Signature of Supervisor Date

Signature of Department Head Date

ABOVE OFFENSE(S) HAVE BEEN NOTED AND ARE MADE PART OF THE ABOVE EMPLOYEE’S PERSONNEL FILE AS OF THIS DATE

Personnel Department Date