**Employee Disciplinary Action Form**

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| --- | --- | --- | --- |
| **Company Name:** |  | **Department:** |  |
| **Date:** |  |  |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Job Title:** |  |
| **Supervisor/Manager:** |  | | |

**Type of Infraction or Violation**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Attendance/Tardiness | ☐ Insubordination | ☐ Poor Performance | ☐ Policy Violation |
| ☐ Misconduct | ☐ Harassment or Bullying | ☐ Safety Violation | ☐ Other (please specify): |

**Description of Incident**

Provide a detailed account of the event, including date(s), time(s), and witness(es) if any.  
**Description:**

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**Previous Warnings (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verbal Warning:** | ☐ Yes ☐ No — Date: | **Written Warning:** | ☐ Yes ☐ No — Date: |
| **Other Disciplinary Action:** |  | | |

**Action Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Verbal Warning | ☐ Written Warning | ☐ Suspension (Duration: | ☐ Termination |
| ☐ Performance Improvement Plan (PIP) | | ☐ Other (specify): | |

**Corrective Measures / Employee Action Plan**

Describe what the employee must do to correct the issue.

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| --- | --- | --- | --- |
| **Deadline for Improvement:** |  | **Next Review Date:** |  |

**Supervisor/Manager Comments**

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| --- | --- | --- | --- |
| **Supervisor/Manager Name:** |  | **Date:** |  |
| **Signature:** |  | **Date:** |  |

**Employee Acknowledgment**

I acknowledge that this disciplinary action has been discussed with me. My signature does not necessarily indicate agreement with the decision but confirms that I have received and reviewed this notice.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**For HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Follow-Up Completed On:** |  | | |
| **Outcome/Remarks:** |  | **Filed By:** |  |