

Clear Form

**INTEGRATIVE
STAFFING GROUP**



EMPLOYEE NOTICE OF DISCIPLINE DISCIPLINARY ACTION FORM

Employee Name

Work Location

Date of Occurrence

Supervisor Issuing Action

Date of Discipline

Action Given

Violation(s)

Attendance: Tardiness Unexcused Absence Insubordination Other

Violation of Company Policy: Policy _____

Foul/Abusive Language: Harassment: Falsifying Documents:

Substance Abuse: Willful Property Damage: Rudeness to Coworkers/Customers:

Violation Statement (*Attach any supporting documentation*)

Date of Violation: _____

Place of Violation: _____

State of Violation: _____

Issuing Supervisor: _____

Date: _____

Position: _____

Witness to Incident: _____

Date: _____

Position: _____

Witness Statement:

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Disciplinary Action

Oral Reprimand: Written Reprimand: Sent Home with Pay: Without Pay:
Suspension: Begins: _____ Ends: _____ With Pay: Without Pay:
Administrative Leave: Begins: _____ Ends: _____ With Pay: Without Pay:
Termination: Effective Date: _____

Corrective Action(s) to be Taken:

Next Action Step if Problem Continues:

Employee Statement (*Attach any supporting documentation*):

Has the impropriety of the employee's action been explained to the employee? Yes No

Did the employee offer any explanation for the conduct? Yes No If so, what was it?

Follow Up: Two Weeks One Month Three Months Six Months Other

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Employee Acknowledgment

I acknowledge receipt of this disciplinary action and that its contents have been fully discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action, as well as potential consequence of noncompliance. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

Employee's Name

Employee's Signature

Date

Supervisor's Name

Supervisor's Signature

Date

Witness's Name

Witness's Signature

Date

The above disciplinary action has been noted, and this form will be made part of the above employee's employee file, as of this date.

ISG HR Representative

ISG Representative Signature

Date