

EMPLOYEE DISCIPLINE NOTICE

Name:		Payroll #:	
Company:			
Job #:		Date & Time:	
		# of Previous Warnings:	

INFRACTION	DETAILS
Insubordination	
Safety Infraction	
Failure to Report Off	
Poor Work	
Absenteeism	
Lateness	
Conduct	
Unfit to Work	
Other (specify)	

Name of Union Steward/Suitable Witness present during the discussion of this incident:

ACTION TAKEN:	EFFECTIVE:
<input type="checkbox"/> Verbal Warning	Date: _____
<input type="checkbox"/> Written Warning	Date: _____
<input type="checkbox"/> Suspension	Duration: _____
<input type="checkbox"/> Dismissal	Date: _____

SIGNATURES

I have read and understand this Discipline Notice.

_____ Employee's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
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_____ Steward's/Witness' Signature	_____ Date	_____ Project Manager or HR Signature	_____ Date
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