

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:**

	Verbal Warning	Date:	_____
	Written Warning	Date:	_____
	Suspension	Duration:	_____
	Dismissal	Date:	_____

SIGNATURES

I have read and understand this Discipline Notice.

Employee's Signature

Date

Supervisor's Signature

Date

Steward's/Witness' Signature

Date

Project Manager or HR Signature

Date