

# Disciplinary Action Form

Gillespie Companies

## Employee Information

Employee Name

Date:

Employee ID

Job Title

Manager

Department

## Action

1st Warning

2nd Warning

Termination

## Incident

Absenteeism / Tardiness

Damage to Property

Poor Work Performance

Insubordination

Violation of Safety Rules

Violation of Company Policy

Other:

## Details

Description of Incident

Comments:

Actions Taken:

## Acknowledgement of Receipt of Report

*By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.*

<input type="text"/>	<input type="text"/>
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Employee Signature

Date

<input type="text"/>	<input type="text"/>
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Manager Signature

Date

<input type="text"/>	<input type="text"/>
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Witness Signature

Date