

# Ninety Five South Service Disabled Veteran Owned Small Business

**Tel:** 201-253-5448 **FAX:** 631-281-5356  
Account Manager: Tevin Richardson, **Tel:** (832) 330-1408

## Employee Disciplinary Form

Name of Employee: _____	Date of Action/ Incident: _____
Supervisor on Site: _____	Location/ Site: Building: _____
Time of action/ incident: _____	

### Type of Offenses

- |                                                     |                                                    |                                                                       |
|-----------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Tardiness/Leaving<br>Early | <input type="checkbox"/> Absenteeism               | <input type="checkbox"/> Violation of Company Policies<br>Rudeness to |
| <input type="checkbox"/> Substandard Work           | <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Customers/Coworkers                          |
| <input type="checkbox"/> Other: _____               |                                                    |                                                                       |

### Details

Description of Infraction:

Plan for Improvement:

### Acknowledgment of Receipt of Warnings

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.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date

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