

COLLEAGUE DISCIPLINARY REPORT

PLEASE PRINT CLEARLY

ENTITY: _____

STORE/DEPT.#: _____

EMPLOYEE #: _____ - _____ - _____

DATE OF OFFENSE (S): ____/____/____

COLLEAGUE NAME: _____

CHECK (✓) NATURE OF INCIDENT:

- | | | |
|--|---|---|
| <input type="checkbox"/> UNREPORTED ABSENCE | <input type="checkbox"/> VIOLATION OF DRESS CODE | <input type="checkbox"/> VIOLATION OF SAFETY/SECURITY POLICIES |
| <input type="checkbox"/> TARDINESS/ABSENTEEISM | <input type="checkbox"/> POOR CUSTOMER SERVICE | <input type="checkbox"/> UNSATISFACTORY PERFORMANCE |
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> CARELESSNESS | <input type="checkbox"/> LEAVING WITHOUT PERMISSION |
| <input type="checkbox"/> IMPROPER CONDUCT | <input type="checkbox"/> CASH MANAGEMENT | <input type="checkbox"/> FALSIFICATION / IMPROPER HANDLING OF RECORDS |
| <input type="checkbox"/> POSSESSION OF OR UNDER THE INFLUENCE OF DRUGS/ALCOHOL | <input type="checkbox"/> IMPROPER/UNAUTHORIZED/PROHIBITED USE OF ELECTRONIC SYSTEMS | |
| <input type="checkbox"/> OTHER: _____ | | |

DESCRIPTION OF EVENTS

(Use additional pages if necessary. Attach any previous related disciplinary action.)

STRATEGY REQUIRED TO PREVENT FURTHER DISCIPLINARY ACTION:

(Attach additional pages if necessary)

To Colleague: Continued offenses or other violations of Company practices, policies, and procedures may result in further disciplinary action up to and including termination of employment.

I have read this report and understand that signing below indicates this offense or offenses were discussed with me.

Signature of Colleague

Date

I verify that this report has been presented to the said colleague following the stated offense.

Signature of Manager/Supervisor

Date

THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE COLLEAGUE'S PERSONNEL FILE.