

DISCIPLINARY REPORT

Employee: _____

Client Name: _____

Supervisor : _____

Date of Report: _____

DETAILS OF THE INCIDENT (be very specific)

TYPE OF DISCIPLINE (please check one)

_____ Oral warning only

_____ Written warning

_____ Suspension from work with pay (*Suspension starts on ____/____/____ and ends on ____/____/____*).

_____ Suspension from work without pay (*Suspension starts on ____/____/____ and ends on ____/____/____*).

_____ Immediate termination (please complete "*Employee Termination Form*")

RECOMMENDATION FOR IMPROVEMENT

Signature of Supervisor

Signature of Employee

Immediately fax or send a copy of this report to Profit Advantage!