



(308) 382-TOBA (8622) – info@tobafoods.com

Form: Employee Disciplinary Report

Employee Name _____ Date _____

Action Taken: Verbal Warning Written Warning Suspension Termination Other _____

Violation Information

Date of Incident _____ Time of Incident _____

Nature of Violation / Description of Issue: (check all that apply)

- Absenteeism / Tardiness
- Substandard Performance
- Improper Conduct
- Violation of safety rules
- Violation of company policies/procedures
- Theft / Attempted theft
- Sleeping while on duty
- Possession of illegal drugs on duty
- Under influence of drugs/alcohol on duty
- Leaving without permission
- Failure to report an accident/injury
- Falsification of company documents
- Unauthorized use of company property/equipment
- Destruction of company property/equipment
- DOT Violation
- Other

Describe Incident: _____

Employee Comments / Corrective Plan

Employee's Comments: _____

Corrective Plan/Action: _____

Acknowledgment / Signatures

Supervisor _____ Date _____

By signing below, I acknowledge I have read and received this report.

Employee _____ Date _____



2-15-18

