



(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

