Employee Disciplinary Form
Employee Disciplinary Form

Employee Information

- Employee Name: ______________________________________________
- Employee ID: __________________________________________________
- Department: ____________________________________________________
- Date of Incident: _______________________________________________

Description of Incident

*Please provide a detailed description of the incident or behavior that led to the disciplinary action.*

____________________________________________________________________________
____________________________________________________________________________

Previous Discussions or Warnings

*Indicate whether any previous discussions or warnings were issued to the employee regarding similar behavior.*

[ ] Yes
[ ] No

*If yes, please provide details of the previous discussions or warnings.*

____________________________________________________________________________
____________________________________________________________________________

Investigation Details (if applicable)

*If an investigation was conducted, summarize the findings.*

____________________________________________________________________________
____________________________________________________________________________

Disciplinary Action

*Select the appropriate disciplinary action taken.*

[ ] Verbal Warning
[ ] Written Warning
[ ] Suspension
[ ] Probation
[ ] Demotion
[ ] Termination
Action Plan
*Provide a clear action plan for the employee, outlining expectations and areas for improvement.*

Employee Response
*Allow the employee to provide their response to the disciplinary action.*

Acknowledgment
I, the undersigned, acknowledge that I have received and reviewed this Employee Disciplinary Form. I understand the reasons for the disciplinary action and the action plan set forth.
Employee Signature: __________________________
Date: __________________

Witness
*The following individual witnessed the discussion and signing of this form.*
Witness Name: __________________________
Witness Signature: __________________________
Date: __________________

Human Resources
*HR Representative's Name: __________________________
HR Representative's Signature: __________________________
Date: __________________

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