

Employee Consultation

Project: _____ **Date:** _____

Name: _____ **PerNr:** _____

The following disciplinary action is being issued:

Warning Suspension _____ - _____

For the following reason:

- | | |
|---|--|
| <input type="checkbox"/> Company policy violation | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Attendance (absenteeism/tardiness) | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Misuse of co. equipment/property | <input type="checkbox"/> Inefficient technique |
| <input type="checkbox"/> Productivity issue | <input type="checkbox"/> Other: _____ |

Date of incident: _____ **Work Area:** _____

Summary of incident: _____

Summary of corrective action plan: _____

Further incidents will result in additional disciplinary action up to and including termination.

Follow up date(s): _____

Employee signature: _____ **Date:** _____

Employee has had the above incident reviewed with them and understands company expectations.

Supervisor signature: _____ **PerNr:** _____

**The Company does not have a progressive discipline policy. Employment is at-will and employees could be terminated at any time, with or without cause and without prior notice.*