

# Employee Disciplinary Report

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

**Action to be taken: (check appropriate box)**

- Verbal coaching     Written warning     Reprimand with disciplinary action     Suspension     Dismissal

**Nature of incident: (check applicable items)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unexcused absence                              | <input type="checkbox"/> Failure to follow instructions             | <input type="checkbox"/> Dishonesty                   |
| <input type="checkbox"/> Tardiness                                      | <input type="checkbox"/> Leaving without permission                 | <input type="checkbox"/> Destruction of City property |
| <input type="checkbox"/> Fail drug or alcohol test                      | <input type="checkbox"/> Substandard work                           | <input type="checkbox"/> Theft/stealing               |
| <input type="checkbox"/> Insubordination                                | <input type="checkbox"/> Improper conduct                           | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Reporting under the influence of alcohol/drugs | <input type="checkbox"/> Careless operation of vehicle or equipment | _____   |

**Supervisor's remarks:**  
(attach separate page if needed)

**Witnesses:**

**Employee's remarks:**  
(attach separate page if needed)

I have read this report: \_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

ABOVE OFFENSE(S) HAVE BEEN NOTED AND ARE MADE PART OF THE ABOVE EMPLOYEE'S PERSONNEL FILE AS OF THIS DATE

\_\_\_\_\_  
Personnel Department

\_\_\_\_\_  
Date