

TEAMWORKS

a Professional Employer Organization

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DISCIPLINARY ACTION FORM

This form is to be used when **any** disciplinary action is taken with an employee.

This form must be completed at the time action takes place and signed by employee, if applicable.*

Employee Name:	
Department:	(if applicable)
Company Name:	

Date: _____ Incident: _____
(Tardiness, absence, theft, insubordination, etc.)

Description of Incident: _____ (if applicable)

Action Taken: Verbal Warning Suspension
Date: _____ Written Reprimand Termination (Use Termination Form)

Employee Agrees to: _____ (if applicable)

Signature of Employment Supervisor

Date

Signature of Employee *

Date

TEAMWORKS USE ONLY
Date entered: _____
Entered by: _____