

MUST BE COMPLETED & FAXED - ATTN: GRACE @ 941/739-8386

RECORD OF EMPLOYEE DISCIPLINARY ACTION

Please make one copy for the employee and keep one copy in employee's file to ensure proper documentation.

Employee Name: _____ Client Name: _____ Date of Warning: _____

<input type="checkbox"/> WARNING	As a result of this violation, the employee is being reprimanded for his/her actions. Any further violations may warrant disciplinary actions, including discharge
<input type="checkbox"/> SUSPENSION	This violation constitutes suspension for the employee. The suspension may be up to 5 working days without pay, pending investigation. A notice of reinstatement or discharge will be forthcoming.

REINSTATEMENT **TERMINATION** **Effective Date:** _____

You are hereby being issued a formal disciplinary notice: _____

By signing this document, the employee acknowledges that he/she has been issued a formal disciplinary notice and he/she has received a copy, which will be kept in their permanent file.

Employee Signature: _____ **Date:** _____

Check box if employee refuses to sign.

Supervisor Signature: _____ **Date:** _____