

**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.**

<b>Employee Name:</b> _____ <b>Client Name:</b> _____ <b>Date of Warning:</b> _____
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<input type="checkbox"/> <b>WARNING</b>	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"/> <b>SUSPENSION</b>	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:** \_\_\_\_\_

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<b>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.</b>
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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check box if employee refuses to sign.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_