

## FORM 2.15.4c - DISCIPLINE & TERMINATION

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Disciplinary Action: (Check all that apply.)

\_\_\_ Quality \_\_\_ Safety \_\_\_ Conduct \_\_\_ Attendance \_\_\_ Tardiness

\_\_\_ Insubordination \_\_\_ Housekeeping \_\_\_ Miscellaneous \_\_\_ Substance Abuse

**You are receiving this disciplinary warning due to the following actions. (Describe in detail in behavioural terms.)**

**Unless this problem is corrected, further disciplinary action will be taken up to and including the termination of your employment.**

\_\_\_ Documented Verbal Warning

\_\_\_ Written Warning

\_\_\_ 1-Shift Suspension Without Pay

\_\_\_ 3-Shift Suspension Without Pay

\_\_\_ 5-Shift Suspension Without Pay

\_\_\_ Employment Termination

I \_\_\_\_\_ have received this disciplinary action and understand that unless this problem is corrected further disciplinary action will be taken, up to and including the termination of my employment.

**I will meet with Management to review progress on this date:** \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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