**Disciplinary Action Form**

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| --- | --- |
| Employee name | [Employee’s full name] |
| Location |  |
| Position | [Employee’s position] |
| Supervisor | [Supervisor’s name] |
| Date of incident | Click or tap to enter a date. |
| Today’s Date | Click or tap to enter a date. |
| Type of Warning | **First** **Second**  **Final** |
| Type of Offense | Attendance  Performance  Conduct   Policy Violation  Violation of Safety Rules  Company Process Violation |

**Subject: Written warning**

This letter serves as the [first/second/final] formal written warning regarding your recent conduct and/or performance issues. Despite previous informal discussions and a verbal warning from your manager concerning this matter, you have shown no significant improvement in the specified areas.

## Incident description

On [specific date(s)], it was noted that you [describe specific behavior or performance issue, e.g., arrived late to work, missed deadlines, engaged in unprofessional behavior, etc.]. These incidents have violated our company policies and have been officially documented.

## Impact of the incident

Your actions have [explain the impact, e.g., disrupted team workflow, delayed project completion, affected team morale, etc.]. This behavior is unacceptable and must be addressed immediately to ensure a productive and professional work environment.

## Expectations for improvement

You are expected to [outline specific expectations, e.g., arrive on time for all scheduled shifts, complete projects by their deadlines, maintain a professional demeanor at all times, etc.]. Moving forward, please ensure you meet these expectations consistently.

## Timeline for improvement

Your performance and/or behavior will be reviewed over the next [specify timeframe, e.g., 30 or 60 days]. During this period, you are required to demonstrate significant and consistent improvement.

## Consequences of non-compliance

Failure to improve your performance and/or behavior will result in further disciplinary action, which may include suspension or termination of your employment with [INSERT COMPANY NAME].

## Support & resources

If you require any support or resources to help you meet these expectations, please inform the HR department. We are committed to helping you succeed and can provide the necessary assistance or training.

## Acknowledgment

Please sign below to acknowledge receipt of this written warning and to confirm you understand the seriousness of this matter and the outlined expectations.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- |
| Record-keeping A copy of this written warning will be placed in your personnel file. Should you have any questions or wish to discuss this matter further, please do not hesitate to contact [INSTER HR CONTACT]. |

**Employee Written Response**

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