



Disciplinary Action Form

Employee Name _____

Date of Hire ____/____/____

Position _____

Date in Position ____/____/____

Supervisor Name _____

Dept _____

Acts of Non-Compliance

- | | |
|--|--|
| <input type="checkbox"/> Failure to maintain a desired level of performance after progressive counseling | <input type="checkbox"/> Failure to stay at assigned work location |
| <input type="checkbox"/> Repetitive disregard of stated rules and procedures | <input type="checkbox"/> Misuse of work time |
| <input type="checkbox"/> Disregard of authorized work request | <input type="checkbox"/> Lack of cooperation |
| <input type="checkbox"/> Failure to follow work instructions | <input type="checkbox"/> Excessive absenteeism |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Failure to comply with KCI policies and rules |

Acts of Misconduct

- | | |
|---|---|
| <input type="checkbox"/> Acts of violence Endangering life/property | <input type="checkbox"/> Theft or fraud |
| <input type="checkbox"/> Violation or misuse of confidential information | <input type="checkbox"/> Harassment, sexual harassment |
| <input type="checkbox"/> Reporting to or engaging in Kids Central related work while under the influence of illegal drugs or alcohol | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Failure to disclose conflicts of interest | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Possession and/or sale of illegal drugs on KCI property | <input type="checkbox"/> Misrepresentation or misuse of authority |
| <input type="checkbox"/> Possession of a weapon including but not limited to firearms, ammunition or any other instrument, device or substance designed, intended or used to inflict harm upon persons or property at the workplace or while on KCI property. | |
| <input type="checkbox"/> Other _____ | |

INITIAL NOTIFICATION

Date ____/____/____

Brief description of performance problem:

Disciplinary Action Required: Warning Suspension Termination

Performance Correction:

Time Frame: Improvement by: _____

Counseling Session Scheduled for: (date)_____ (time)_____

 Copy to employee Copy to Human Resources Office

Date ____/____/____

Supervisor Signature _____

Date ____/____/____

Employee Signature _____



SECOND NOTIFICATION

Date _____

Brief description of performance correction:

Specifics Demonstrating Corrective Action Not Completed:

Time Frame:

Termination As Of: _____

Termination Session Scheduled for: (date) _____ (time) _____

_____ Copy to Human Resources Office

Closure

Date: _____ Supervisor: _____

Date _____ Employee: _____