

DISCIPLINE FORM

Employee Name: _____ Employee ID: _____

Department / Position: _____

Supervisor / Manager: _____

Date of Incident: _____

Type of Discipline: _____

Description of Incident:

Previous Warnings (if any):

Corrective Action Taken:

Employee's Response / Comments:

Employee Signature

Supervisor / Manager Signature

Date: _____

Date: _____

Acknowledgment and Agreement:

By signing this Discipline Form, the Employee acknowledges the receipt and understanding of the contents herein, including the incident description, corrective actions, and any follow-up measures. The Employee agrees to comply with all company policies and understands that failure to do so may result in further disciplinary action up to and including termination.

This form is intended to be legally compliant and enforceable under United States law. The Employer and Employee agree that this document, along with any related company policies and agreements, constitutes a binding record of the discipline imposed and understood as of the date of signatures.

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