



DIVISION OF HUMAN RESOURCES
PERSONNEL DEPARTMENT
 P.O. Box 700
 Whiteriver, Arizona 85941

EMPLOYEE DISCIPLINARY REPORT

EMPLOYEE NAME		DATE
ENTERPRISE/DEPARTMENT	DATE OF INCIDENT	TIME OF INCIDENT

ACTION TO BE TAKEN:

- FIRST WARNING
 SECOND WARNING
 THIRD WARNING
 SUSPENSION
 DISMISSAL

THIS REPORT IS TO BE MADE PART OF THE OFFICAL RECORD OF THE ABOVE-MENTIONED EMPLOYEE.

NATURE OF INCIDENT:

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Unexcused Absence | 8. <input type="checkbox"/> Fighting on Company Premises | 15. <input type="checkbox"/> Carelessness |
| 2. <input type="checkbox"/> Tardiness | 9. <input type="checkbox"/> Leaving without Permission | 16. <input type="checkbox"/> Destruction of Tribal Property |
| 3. <input type="checkbox"/> Substance Abuse on Duty | 10. <input type="checkbox"/> Substandard Work | 17. <input type="checkbox"/> Defective & Improper Work |
| 4. <input type="checkbox"/> Insubordination | 11. <input type="checkbox"/> Sleeping On duty | 18. <input type="checkbox"/> Theft (Stealing) |
| 5. <input type="checkbox"/> Dishonesty | 12. <input type="checkbox"/> Improper Conduct | 19. <input type="checkbox"/> Violation of Tribal Rules and Orders |
| 6. <input type="checkbox"/> Soliciting | 13. <input type="checkbox"/> Reporting Under the Influence of Alcohol | 20. <input type="checkbox"/> Other _____ |
| 7. <input type="checkbox"/> Failure to Follow Instruction | 14. <input type="checkbox"/> Violation of Safety Rules | _____ |

SUPERVISOR'S REMARKS:

WITNESS: _____

EMPLOYEE'S REMARKS:

PROBATIONARY EMPLOYEE

I HAVE READ THIS REPORT:

SIGNATURE OF SUPERVISOR	DATE	SIGNATURE OF EMPLOYEE	DATE
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THE ABOVE OFFENSE OR OFFENSES HAVE BEEN NOTED AND ARE MADE A PART OF THE ABOVE EMPLOYEE'S PERSONNEL FOLDER AS OF THIS DATE.

OFFENSE NUMBER 1 2 3 4 PERSONNEL DEPARTMENT _____ DATE _____

Additional Remarks: _____

**EMPLOYEE DISCIPLINARY REPORT TO BE PURGED FROM FILES AFTER TWELVE (12) MONTHS FROM DATE OF ISSUANCE.