



Disciplinary Action Form

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Fax to Terra Firma, attention: _____

Employee Name: _____ Date of Disciplinary Action: _____

Work-Site: _____ Employer: _____

Details of Occurrence(s): _____

Required Employee Action: _____

Employee's Statement (detailed below): Agree Disagree No Comment

Disciplinary Action Taken: Verbal warning Written warning Suspension with pay

Suspension without pay Termination

Other _____ (Explain Below)

Date of Suspension (if applicable): _____

Previous Disciplinary Actions (if any)

Date

I UNDERSTAND THAT I MUST COMPLY WITH THE TERMS AND CONDITIONS SET FORTH ABOVE IN THE "REQUIRED EMPLOYEE ACTION" SECTION, AND THAT FAILURE TO COMPLY WITH THESE TERMS WILL SUBJECT ME TO FURTHER DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT THAT I HAVE RECEIVED A COPY OF THIS FORM.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

HR Signature: _____ Date: _____