



## FEN'S DISCIPLINARY ACTION FORM

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

MANAGER: \_\_\_\_\_

---

### TYPE OF ACTION:

☐ 1<sup>ST</sup> Verbal Warning    ☐ 2<sup>ND</sup> Written Warning

☐ Suspension:    Begins: \_\_\_\_\_    Ends: \_\_\_\_\_

☐ Termination:    Effective: \_\_\_\_\_

---

Date(s) of Incident: \_\_\_\_\_    Time of Incident: \_\_\_\_\_

### Description of the Incident(s) or Behavior(s):

---

---

---

### Supporting Evidence, if any (please describe; attach copies of any documentation):

---

---

### Employee's Comments:

---

---

---

### Other Individuals who may have information:

---

### Supporting Documentation, if any (please describe; attach copies of any documentation):

---

---

### Corrective Action Plan:

---

---

---

### Next Action Step if Problem Continues:

---

---

---

**Follow Up:**☐ Two weeks☐ One month☐ Three months☐ Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

---

Employee Signature

---

Date

---

Manager/Supervisor Signature

---

Date

***Copies of this form and any attachments should be sent to the Employee and kept in the Department.  
The originals should be sent to Human Resource at Fen's Market Inc..***