T2 INSURANCE SOLUTIONS LLC

YOUR WORKERS COMPENSATION SOURCE

Disciplinary Action

Employee Name: _____

Job Title: _____ Customer Location: _____

Date of Incident: _____ Time of Incident: _____

Incident Description: _____

_____

_____

Witnesses: _____

_____

Violation of company policy? _____

If "yes" then what policy? _____

Has this happened before? _____

If "yes" then when else has it happened and how many times? _____

_____

What action will be taken with the employee? _____

_____

Has the action been explained to the employee? _____

Manager Signature: _____ Date: _____

Employee Signature: _____ Date: _____