

StaffScapes, Inc.



1070 W 124th Ave., Ste 900 Westminster, CO 80234
Phone: (303) 466-7864; Fax: (303) 466-7947

Disciplinary Action Form

Section I - Basic employee information

Client Name: _____
Employee Name: _____
Social Security Number: _____ - _____ - _____
Date of Report: _____ / _____ / _____
Supervisor Name: _____

SECTION II - Detail information about incident, warning and/or action

Nature of Offense: _____

Type of Warning:	Date(s) of Prior Warnings:
Verbal _____	Verbal _____ , _____
Written _____	Written _____ , _____
Termination _____	

Additional Action Taken (if any): _____

SECTION III - Individual comments regarding Section II above

Supervisor's Comments: _____

Employee's Comments: _____

Supervisor's Signature: _____

Employee's Signature:* _____

**If you refuse to sign this form, please initial here:* _____