

City of Providence Disciplinary Action Report

EMPLOYEE NAME		EMPLOYEE POSITION / CLASSIFICATION		DATE OF INFRACTION
SUPERVISOR		DEPARTMENT		
GROUNDS FOR DISCIPLINE - ATTENDANCE <input type="checkbox"/> TARDINESS <input type="checkbox"/> EARLY DEPARTURE <input type="checkbox"/> UNAUTHORIZED ABSENCE <input type="checkbox"/> NO CALL – NO SHOW <input type="checkbox"/> UNAUTHORIZED BREAK <input type="checkbox"/> FAILURE TO PROVIDE MEDICAL DOCUMENTATION		GROUNDS FOR DISCIPLINE – OTHER INFRACTIONS <div> <input type="checkbox"/> POOR JOB PERFORMANCE <input type="checkbox"/> CARELESS WORKMENSHP <input type="checkbox"/> HORSEPLAY (ROUGH, BOISTEROUS BEHAVIOR) <input type="checkbox"/> UNIFORM OR DRESS CODE VIOLATION / HYGIENE <input type="checkbox"/> INSOLENCIE <input type="checkbox"/> POOR TREATMENT OF CUSTOMER <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> DISHONESTY <input type="checkbox"/> RACIALLY OR SEXUALLY OFFENSIVE COMMENTS OR GESTURES </div> <div> <input type="checkbox"/> THEFT <input type="checkbox"/> INTENTIONALLY DAMAGING CITY PROPERTY <input type="checkbox"/> FAILURE TO FOLLOW SAFE WORK RULES <input type="checkbox"/> FIGHTING <input type="checkbox"/> ILLEGAL ACTIVITY <input type="checkbox"/> ILLEGAL CONDUCT ON THE JOB <input type="checkbox"/> POSSESSION OF A WEAPON <input type="checkbox"/> DRUGS OR ALCOHOL – USE OR POSSESSION <input type="checkbox"/> UNFIT FOR DUTY <input type="checkbox"/> OTHER: _____ </div>		
SUPPORTING FACTS (ATTACH NARRATIVE IF MORE SPACE NEEDED – ATTACH SUPPORTING DOCUMENTS, IF ANY)				
<u>DISCIPLINE ADMINISTERED (CHECK ONLY ONE):</u>				
<input type="checkbox"/> COUNSELING (DOCUMENTED FOR RECORD)		<input type="checkbox"/> ORAL WARNING (DOCUMENTED FOR RECORD)		
<input type="checkbox"/> WRITTEN WARNING		<input type="checkbox"/> REFERRED TO HUMAN RESOURCES		
<input type="checkbox"/> SUSPENDED WITHOUT PAY & REFERRED TO HUMAN RESOURCES		<input type="checkbox"/> NOTE TO FILE (NOT PRESENTED TO EMPLOYEE)		
EMPLOYEE SIGNATURE	PRINT NAME	TITLE	DATE	
UNION STEWARD SIGNATURE	PRINT NAME	TITLE	DATE	
SUPERVISOR SIGNATURE	PRINT NAME	TITLE	DATE	
DEPARTMENT DIRECTOR SIGNATURE	PRINT NAME	TITLE	DATE	
COPY TO: <input type="checkbox"/> DEPARTMENT FILE <input type="checkbox"/> HUMAN RESOURCES DEPARTMENT <input type="checkbox"/> UNION				