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| --- | --- |
| Employee Name: | |
| ⬜ First Warning  ⬜ Second Warning  ⬜ Final Warning | Date of Occurrence: / /  Is this a repeated offense? ⬜ Yes ⬜ No |
| **Reason for Warning:**  ⬜ Insubordination  ⬜ Violation of or failure to observe policies and procedures  ⬜ Tardiness, absenteeism, failure to report to work, failure to complete scheduled shift  ⬜ Refusal to work overtime or stay late or participate in team meetings/trainings  ⬜ Under the influence of and/or possession of drugs or alcohol  ⬜ Dishonesty or theft or unauthorized removal of property  ⬜ Failure to observe proper safety procedures including failure to keep children safe  ⬜ Discourtesy or verbal abuse of guest, parent, child or employee  ⬜ Damage or misuse of childcare property  ⬜ Physical or verbal assault and/or fighting  ⬜ Falsification of documentation  ⬜ Harassment  ⬜ Failure to meet performance standards or complete work on time  ⬜ Cell phone use  ⬜ Other  **Remarks. Explain reasons for warning or discipline, including specific details of incident or violation; include prior warning(s):** | |

**CORRECTIVE ACTION & SIGNATURE**

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| **Disciplinary Action**  ⬜ Oral Reprimand ⬜ Written Reprimand ⬜ Sent Home without Pay  ⬜ Suspension without pay \_\_\_\_days ⬜ Administrative Leave without pay ⬜ Recommend Termination | |
| **Corrective Action to be Taken (include timeframe for improvement)** | |
| Employee Signature:  ***Note:*** *Your signature on this form means that we have discussed the situation. It doesn’t necessarily mean you agree that the infraction occurred.* | Date: |
| Manager’s Signature: | Date: |