

FUTURES COMMUNITY SUPPORT SERVICES, INC.  
EMPLOYEE DISCIPLINARY REPORT

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Action to be Taken:  \_\_\_\_\_  Counsel  Verbal Warning  Written Warning  Suspension  Final Warning  Dismissal  
**(This report is to be made part of the official record of the above-mentioned employee.)**

Nature of Incident:

- |                                      |   |                                       |
|--------------------------------------|---|---------------------------------------|
| _____ Unexcused Absence              | _____ Harassment                            | _____ Violation of Safety Rules       |
| _____ Tardiness                      | _____ Leaving Without Permission            | _____ Destruction of Company Property |
| _____ Drinking/Drugs while on duty   | _____ Theft                                 | _____ No Call No Show                 |
| _____ Dishonesty                     | _____ Substandard Work                      | _____ Willful Misconduct              |
| _____ Lack of Cooperation/Teamwork   | _____ Violation of Company Rules of Conduct | _____ Failure to follow ISP           |
| _____ Failure to Follow Instructions | _____ Abuse                                 | _____ Medication Error                |
| _____ Improper Use of Time           | _____ Improper Use of Phone Privileges      | _____ Lack of Confidentiality         |

Other \_\_\_\_\_

Facts of the Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CORRECTIVE ACTION:**

Review: \_\_\_\_\_

Desired Outcome:

Timetable for Improvement:  Immediate  30 Days  60 Days  Other \_\_\_\_\_

Consequences of Failure to Improve:  Verbal Warning  Written Warning  Probation

Suspension  Immediate Termination

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MR Services Director: \_\_\_\_\_ Date: \_\_\_\_\_

The above offense or offenses have been noted and are made a part of the above employee's personnel file as of this date.

Other Offenses: Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Type: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Type: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Type: \_\_\_\_\_

Copy to:  Employee  Human Resources HR Signature: \_\_\_\_\_