

MANAGER'S CHECKLIST FOR FINAL DISCIPLINE

Complete prior to decision.

Employee's Name:

Date:

Time With Company:

Department:

PROBLEM:

Employee(s) involved.

Details of what happened.

How did it happen?

Specific facts to be considered (no opinions).

Did you give the employee a chance to tell his/her side of the story?

Yes No

Explain.

Was your interview with the employee in private?

Yes No

Was the employee aware of the rule, procedure, or policy being breached?

Yes No

Was the rule published in writing and disseminated to all employees?

Yes No

Do you have written confirmation of receipt of that communication?

Yes No



Explain how the rule has been enforced in the past.	
What changes in behavior need to be made?	
Have past changes affected current situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain.	
What is the employee's past record?	
Can you back up this record with facts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the employee have any previous warning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this violation been previously overlooked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
According to policy, what is appropriate and justifiable discipline?	
<input type="checkbox"/> Verbal warning <input type="checkbox"/> Written warning <input type="checkbox"/> Placed on probation <input type="checkbox"/> Discharge	
In your opinion, will corrective action prevent a recurrence and encourage better performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Did you check with any/all of the following before taking disciplinary action?

Your Manager

Human Resources

Other Executives

FUTURE ACTION

Is any follow-up action necessary? How do you plan to monitor?

Have you recorded this incident and put a copy in the employee's personnel file? Yes No

Have you allowed the employee to impart a rebuttal? Yes No

