**WISCONSIN STATE FAIR PARK**

**LTE DISCIPLINARY ACTION REPORT**

This form documents disciplinary action of an LTE as a result of a work rule violation. While the goal of a progressive discipline policy is to correct behavior, not punish it, any step in the process may be skipped based on the severity of the violation and consistent with similar violations by similar employees. *All* recommendations for termination must be reviewed and approved by ***both*** Department Head and HR.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE: |  | | | TODAY’S DATE: | |  |
| DEPARTMENT: | |  | POSITION: | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Violation: |  | | Time of Violation: | |  | |
| Location of Violation: | |  | | Work Rule #: | |  |

NATURE OF VIOLATION

Please indicate the general nature of the violation:

|  |  |  |
| --- | --- | --- |
| Unapproved/excessive absences  Arriving Late/Leaving Early (work day or breaks)  Inattentiveness/Neglect of Duties/Carelessness  Misuse of State Property  Threatening/Inflicting Bodily Harm  Discourteous/Disrespect to Staff or Public | | Disobedience/Defiance of rules  Safety Violation  Gambling  Theft  Intoxication at Work/Drinking/Drugs on Job  Receipt of Gratuity/Compensation/Gift/Bribe |
| Other: |  | |

SPECIFICS OF VIOLATION

Please indicate the specifics of the violation, to include what occurred, any persons involved, witnesses interviewed (with dates), etc. Also indicate outcome of meeting with employee and their response.

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|  |

CORRECTIVE ACTION TO BE TAKEN:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Verbal Warning | | Written Warning | | Final Warning | | |
| Termination^ approved by: | Dept. Head: | |  | | HR: |  |
|  |  | | Signature | |  | Signature |

**^Submit** [**Termination Form**](http://wistatefair.com/wsfp/wp-content/uploads/2014/10/Employee-Termination-Form.dotx) **to HR *immediately***

PRIOR DISCIPLINE RECEIVED FOR *SAME/SIMILAR* INCIDENT(S):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Verbal Warning on | | Written Warning on | | Final Warning on | |
| Date(s): |  | Date(s): |  | Date(s): |  |

EXPECTED IMPROVEMENT:

Indicate the employee’s expected improvement needed and the consequences of failing to improve:

|  |
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|  |

EMPLOYEE STATEMENT:

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| --- |
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**Employee Certification:** By my signature below, I hereby acknowledge that I have been counseled about my inappropriate conduct, improvement expected and the consequences if improvement is not made. My signature does not necessarily indicate agreement with the contents. I also understand that future violations could result in further discipline, up to and including termination.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature |  | Date |
|  |  |  |
| Supervisor Signature |  | Date |