

LSJE, LLC

6100 Red Hook Quarter B3 St. Thomas, VI 00802 Ph: [REDACTED]

Disciplinary Action Form

Employee Name:	
Occupation:	
Manager/Supervisor:	
Date of Incident(s)	
Time of Incident:	

Occurance(s) leading to Discipline:

Action taken: _____ Date: _____ Time: _____

Employee Response: _____ Date: _____ Time: _____

1 st Warning: Date	___/___/___	Verbal: _____	Written: _____
2 nd Warning: Date	___/___/___	Verbal: _____	Written: _____
3 rd Warning: Date	___/___/___	Verbal: _____	Written: _____

ACTION TAKEN:
WARNING [] SUSPENSION [] TERMINATION [] with pay: _____ without pay: _____
Length of Suspension: _____

This report will be included in the employee's Personnel File:

Signature of Manager	Date	Signature of Supervisor	Date	Signature of Employee	Date
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