

Policy Infraction Acknowledgement Form

This form is used to document a policy infraction and confirm that the employee has been notified of the issue, understands the policy, and is aware of the consequences of future infractions. This document will be placed in the employee's personnel file.

Employee Information

Employee Name:

Job Title:

Department:

Supervisor Name:

Date of Notification:

Infraction Details

Date of Infraction:

Policy Violated:

Description of Incident:

Corrective Action Plan:

Acknowledgement and Agreement

By signing below, the employee acknowledges that they have received a copy of this infraction notice, that the policy in question has been explained to them, and that they understand the expectations going forward. The employee understands that further infractions may lead to additional disciplinary action, up to and including termination of employment.

Signatures

Employee Signature: Date:

Supervisor Signature: Date:

HR Representative Signature: Date: