

## Disciplinary Form

Employee Information				
Name:		Date of Written Warning:		
Supervisor Name:		Date of Infraction:		
Reason for Disciplinary Action:				
<input type="checkbox"/> Policy Violation	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Personal Conduct	<input type="checkbox"/> Work Performance	<input type="checkbox"/> Attendance / Tardy
<input type="checkbox"/> Other				
Description of issues resulting in disciplinary action (indicate relevant company policies, rules, previous discipline for the same offense):				
Disciplinary Action Taken:				
<input type="checkbox"/> First Written Warning	<input type="checkbox"/> Second Written Warning	<input type="checkbox"/> Final Written Warning		
Requirements employee must meet and consequences of not meeting them:				
Any further disciplinary issues or violations of company policies/procedures will result in additional disciplinary action up to and including termination				

<b>Title of Document:</b>	Disciplinary Form	<b>Document Number:</b>	
<b>Authority:</b>	Director of Marine Operations	<b>Revision:</b>	2
<b>Custodian/Owner:</b>	Designated Person Ashore	<b>Issue Date:</b>	May 2022
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Employee comments:	
Employee's Signature:	Date:
Note: Employee's signature shows only that the employee has seen this document and not that he/ she is necessarily in agreement.	
Supervisor's Signature:	Date:

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