



Safety Reprimand Rebuttal Form

EMPLOYEE DISCIPLINE FORM			
Employee Name:		Position:	
Supervisor Name:		Warning Date:	
Section A – WARNING TYPE & REASON			
TYPE OF WARNING			
<input type="checkbox"/> First Warning	<input type="checkbox"/> Second Warning	<input type="checkbox"/> Third Warning	<input type="checkbox"/> Fourth Warning
REASON FOR WARNING			
<input type="checkbox"/> Tardiness / Leaving Early	<input type="checkbox"/> Insubordination		
<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Performance		
<input type="checkbox"/> Breach of Company Policy	<input type="checkbox"/> Work Quality or Quantity		
<input type="checkbox"/> Conduct	<input type="checkbox"/> Damage or Theft of Company or Micron Property		
<input type="checkbox"/> Disregard to Verbal or Written Instruction	<input type="checkbox"/> Other: _____		
SECTION B – DETAILS			
Description of Infraction:			
SECTION C – REBUTTAL STATEMENT			
SECTION D - VERIFICATION			
TITLE	NAME	SIGNATURE	DATE
Employee:			
Supervisor:			