Los Angeles Unified School District
Food Services Division

Incident Log

Name:	Employee #:	Classification:
Date:	Probationary: When did the employee start?:	
School Name:	Cafeteria Phone #:	
Cafeteria Manager:	Area Supervisor:	

Has the employee previously received any of the following: counseling, reprimand letter, U-notice?

☐ Yes: Please indicate date(s):_____and attach copies of the document(s).
☐ No
☐ Unknown

Type of Incident:

☐ Drug or Alcohol Use	☐ Theft	☐ Rude, Discourteous Behavior
☐ Insubordination	☐ Fight	☑ Dereliction of Duties
☐ Other:		

State what occurred using SPECIFIED DETAILS (what did the employee do or fail to do, who was involved, when did it occur).
On (date), (employee name) failed to follow the Sanitation and Personal Hygiene when s/he
(state the violation, e.g. wore acrylic nails, wore nose ring, earrings, came to work wearing shorts to the mid-thigh
area, etc. NOTE: white or light clothing is preferred only, not required, thus an employee can work with dark clothing).

☐ This is a safety or sanitation hazard.
☐ This is inappropriate work clothing for School District environment.
☐ The employee was not wearing appropriate attire (open toe or heel shoes, acrylic nails) and was sent home (without pay) and instructed to return back to work with the appropriate attire.

The Employee Handbook under IX Sanitation and Personal Hygiene states:
"All Food Services employees must report to work with a clean physical appearance and wear clean, appropriate work clothing for School District environment. White or light clothing is preferred for a professional appearance. Clothing that is too baggy or too tight is prohibited. Sleeveless shirts, cropped tops (with the stomach/midriff/back exposed), cut-off shorts or sweats are not allowed. Clothing such as skirts or short pants must be knee length. False nails, acrylic nails, nail polish and any nail coating are prohibited. All fingernails must be trimmed short.

Employee submitted a written statement: ☐ Yes ☐ No

Manager's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

If there were witnesses, list the name(s) and attach copies of their WRITTEN STATEMENTS.

1	4
2	5
3	6

*Use additional sheets if necessary.
**Obtain employee's signature when you counsel employee about the incident(s)