

Incident Record

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: verbal warning, conference memo, letter of reprimand, NOUS?

☐ Yes: Please indicate date(s): _____

☐ No

☐ Unknown

Attach copies of the document(s).

Type of Incident:

<input type="checkbox"/> Drug or Alcohol Use	<input type="checkbox"/> Theft	<input type="checkbox"/> Rude and Discourteous Behavior
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Fight	<input type="checkbox"/> Dereliction of Duties
<input type="checkbox"/> Other		

State what occurred using SPECIFIED DETAILS (what did the employee do or fail to do, who was involved, when did it occur, any witnesses). Use additional sheets if necessary. Attach copies of signed and dated witness statements.

Assistance and Guidance Offered (if applicable)

***Please be advised continued incidents of a similar nature may result in the issuance of disciplinary action up to and including dismissal.**

Employee submitted a written statement: ☐ Yes ☐ No

Manager's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

****Note:** Request employee's signature when you counsel employee about the incident(s).