

SAFETY RULE VIOLATION DISCIPLINARY ACTION FORM

Employee Name _____ Date _____

Type of
Violation _____

Result of
Violation _____

Disciplinary
Action _____

Employer Signature _____

Employee Signature _____

Workers' Compensation benefits, by law, can be reduced by 50% if a work-related injury or illness is a result of a safety violation. Additionally, future safety rule violations may result in suspension without pay and/or discharge from your job.

Note: File original in employee's personnel file, with duplicate given to employer

Akron School District, Akron, Colorado