

**CITY OF WEST WENDOVER  
POLICY VIOLATION REPORT**

\*Amended 06-11-2010



Today's Date: This is a Verbal Warning Written Warning/Reprimand  
Suspension Demotion Termination

Employee Name: Employee I.D. No: Department: Shift:

Date of Violation: Time of Violation: Place of Violation: Day  
Swing  
Grave

VIOLATION INFORMATION (check all that apply)

- Alcohol/Drug Use Attendance/Tardiness Behavior Carelessness Conduct
- Substandard Work Work Rule Violation Fighting Safety Union Contract Breach
- Other (specify)

Any previous violations of this type? YES NO If yes, what was the previous date or dates:

POLICY STATEMENT AND DETAILS OF VIOLATION

- A. Specify the Particular Policy Violation and/or Related Performance and What Action is Being Taken \*:
- B. Indicate the Standards Which are not Being Met:
- C. How Can the Employee Improve to Meet the Standards and in What Time Frame:
- D. Indicate Future Discipline Which may be Taken if the Standard(s) Are Not Met:

EMPLOYEE STATEMENT

- I agree with the policy violation statement
- I do not agree with the policy violation statement

Comments:

\_\_\_\_\_  
Employee Signature Date Supervisor Signature Date

\_\_\_\_\_  
Witness Signature (if required) Date

*(STATEMENTS MAY BE CONTINUED ON ADDITIONAL PAGE)*

**POLICY VIOLATION REPORT (CONTINUED)**

ADDITIONAL INFORMATION/STATEMENT

Supervisor Comments:

Employee Comments:

Date:

\_\_\_\_\_  
Employee Initials

\_\_\_\_\_  
Supervisor Initials

\_\_\_\_\_  
Witness Initials (if required)