

Disciplinary Action Form

Disciplinary Action:

Verbal* Written Written & Suspension Discharge

Employee Name: _____

Your performance has been found unsatisfactory for the reasons set forth below. Your failure to improve or avoid recurrence is the cause for final action.

DUTIES: _____

DETAILS OF DISCIPLINARY ACTION:

Employee Signature

Date

Employer Signature

Date

STEP-BY-STEP EMPLOYEE WARNING REPORT

Employees receiving this warning report are hereby put on notice of a violation of our organization's rules and/or standards of employee conduct. Further violation(s) of such conduct may result in further disciplinary action, including the possible termination of employment.

Employee's Name _____ Date _____
 Employee # _____ Department _____ Shift _____
 Copy Forwarded to: Employee Employee Representative Supervisor Human Resource/Personnel File Other

VIOLATION KEY

A	Attendance	C	Carelessness	I	Insubordination
L	Lateness Early Quit	PV	Violation of Company Policies or Procedures	SV	Violation of Safety Rules
UA	Unauthorized Absence From Work Area	WD	Willful Damage to Material/Equipment	PM	Working on Personal Matters
WO	Substandard Work Quality	V	Threatening or Engaging in Violence	UB	Unsatisfactory Behavior Towards Others
DD	Drinking/Drugs While at Work	UD	Unfit for Duty	O	Other _____

TYPE OF VIOLATION:

Date of Violation ____/____/____ Time: ____:____ AM/PM
 Date of Disciplinary Report ____/____/____ Time: ____:____ AM/PM
 Describe Employee's Response _____

ACTION

Warning Suspension Dismissal
 Other _____

TIMETABLE FOR IMPROVEMENT

Immediate 30 days 60 days
 Other _____

CONSEQUENCES

Failure to improve will result in: Warning Suspension Dismissal Other _____

I have read this Employee Warning Report and understand it. Employee declined to sign this form.

Date _____ Employee Acknowledgement of Receipt _____ Date _____ Supervisor/Manager Signature _____

FIRST DISCIPLINARY REPORT

TYPE OF VIOLATION:

Date of Violation ____/____/____ Time: ____:____ AM/PM
 Date of Disciplinary Report ____/____/____ Time: ____:____ AM/PM
 Describe Employee's Response _____

ACTION

Warning Suspension Dismissal
 Other _____

TIMETABLE FOR IMPROVEMENT

Immediate 30 days 60 days
 Other _____

CONSEQUENCES

Failure to improve will result in: Warning Suspension Dismissal Other _____

I have read this Employee Warning Report and understand it. Employee declined to sign this form.

Date _____ Employee Acknowledgement of Receipt _____ Date _____ Supervisor/Manager Signature _____

SECOND DISCIPLINARY REPORT

TYPE OF VIOLATION:

Date of Violation ____/____/____ Time: ____:____ AM/PM
 Date of Disciplinary Report ____/____/____ Time: ____:____ AM/PM
 Describe Employee's Response _____

ACTION

Warning Suspension Dismissal
 Other _____

TIMETABLE FOR IMPROVEMENT

Immediate 30 days 60 days
 Other _____

CONSEQUENCES

Failure to improve will result in: Warning Suspension Dismissal Other _____

I have read this Employee Warning Report and understand it. Employee declined to sign this form.

Date _____ Employee Acknowledgement of Receipt _____ Date _____ Supervisor/Manager Signature _____

THIRD DISCIPLINARY REPORT

EMPLOYEE'S COPY

EMPLOYEE'S COPY

EMPLOYEE'S COPY

Staffing and Payroll Alternative, Inc.



Authorization Agreement for Direct Deposit

Client Name _____

Employee Social Security # _____

Employee Name _____
(PRINT)

I hereby authorize Staffing and Payroll Alternative, Inc. or its Subsidiaries hereinafter called COMPANY, to initiate credit entries and, if necessary, reversals or adjustments to correct and entries made to my ___checking___savings account (SELECT ONE) in the said depository named below*

DEPOSITORY (Commercial Bank, Savings Bank, Credit Union, etc)

NAME _____

CITY _____ STATE _____

This agreement is to remain in effect until COMPANY has received written notification from me of its termination in such time to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGN _____

DATE _____ SIGN _____

Note: Joint accounts require the signature of both parties.
Submissions for joint accounts without both signatures will be rejected.

CHECKING ACCOUNTS: Please attach a voided and blank check.
SAVINGS ACCOUNTS: Please attach a deposit slip or banking facility form letter.

STAFFING & PAYROLL ALTERNATIVE, INC.

Post-employment Check

EMPLOYMENT CHECK SHEET

(To be completed only after hiring of employee)

Date _____

Social Security # _____ Name _____

Birthday _____ Address _____

Car license plate # _____ Phone _____
(for parking lot control)

Name, address, and phone # of person to be notified in case of emergency: _____

- W-4 Form completed!
- Social Security number verified?
- Blue Cross forms completed?
- I-9 Immigration form completed?

FOR EMPLOYEE: I do not want the following insurance coverage: _____

(proof of other insurance is required)

Employee signature

Date

- GROUP LIFE INSURANCE form completed with name, address, and the relationship of beneficiaries.
- SECURITY FORMS completed?

AUTHORIZED DEDUCTIONS SIGNED? (Check below)

- | | | |
|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Loans | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Blue Cross | <input type="checkbox"/> Employee Association |

Blood Type _____

Patent Agreement signed _____
(if applicable)

STAFFING & PAYROLL ALTERNATIVE, INC.

PERSONNEL CHANGE / ACTION FORM

Employee, _____
(first name) (last name)

Instructions

Check the appropriate box and fill in the information in the blanks below. Employee signs only if he or she initiates action or payroll deduction is required. Supervisor signs in all cases.

- | | | |
|--|--|---|
| <input type="checkbox"/> Increase | <input type="checkbox"/> Promotion | <input type="checkbox"/> Change of address |
| <input type="checkbox"/> Decrease | <input type="checkbox"/> Leave of absence | <input type="checkbox"/> Change in dependents |
| <input type="checkbox"/> Classification change | <input type="checkbox"/> Separation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Payroll deduction | _____ |

Change in Pay or Classification

From _____ TO _____
Pay _____ per _____ per _____

Classification/Dept _____

Exempt _____

TO BE EFFECTIVE _____

Separation

- | | |
|---|---|
| <input type="checkbox"/> Laid off for lack of work | <input type="checkbox"/> Discharged for felonious conduct |
| <input type="checkbox"/> Left work voluntarily | <input type="checkbox"/> Other reasons _____ |
| <input type="checkbox"/> Discharged for repeated willful misconduct | _____ |

Remarks (Final paycheck, date, amount, etc.) _____

Eligible for rehire? Yes No

Other (Changes, deductions, etc.) _____

Employee signature

Supervisor signature

Date

Date

Return this form to the Payroll Department @ (903) 567-2079 or (866) 567-2079

STAFFING & PAYROLL ALTERNATIVE, INC.

Merit Rating

Merit Review Form

- Review Probation
 6 Months
 Annual
 Special

Name _____

Dept. _____

Job Title _____

Present rate \$ _____ per _____ Rate range \$ _____ to _____

Last increase \$ _____ Date _____

Attendance Record (Review period only)

Lateness # _____ of days

Sick leave # _____ of days Reason _____

Other absence # _____ of days

Average overtime _____ hours per _____

Rating

	QUALITY	QUANTITY	INITIATIVE	PERSONALITY
60/POOR	Careless, sloppy	Below average	Waits for orders	Difficult, argues
70/MARGINAL	Work passable	Slow, minimum rate of work	Limited, has to be pushed	Slow to help others
80/STANDARD	Few errors, good work	Volume of work good	Meets responsibilities	Helpful, works well with others
ABOVESTANDARD	Practically no en-ors, exceptionally fine work	Top producer	Looks for new ways, plans work	Cheerful patient, a leader

Rating: _____

Total _____ (divided by 4) = Average _____

STAFFING & PAYROLL ALTERNATIVE, INC.
Leave of Absence

Leave of Absence

Date _____

Name: _____

Dept. _____

I request a leave of absence for the period and reason indicated:

To begin: _____ To end: _____

Reason: _____

I understand this leave of absence is subject to the following conditions:

- (1) I accept other employment during the period of this leave, my rights to certain compensation/benefits may be reduced or eliminated.
- (2) I will return to work on the first day after this leave period expires, unless I have made other arrangements with the employer and/or have provided medical certification of my inability to return to work.
- (3) Coverage under the various group insurance policies will not be continued by the company unless initialed below by a representative of the company.

HOSPITALIZATION _____ LIFE INSURANCE _____

SURGICAL _____

MAJOR MEDICAL _____ SICKNESS & ACCIDENT _____

- (4) I have made the following arrangement to pay the costs of continuing any of the above policies:

- (5) I will be reinstated in my former position, or a similar one, unless conditions have so changed that neither my former position or a similar one can be offered to me without presenting an undue burden on my employer.

APPROVED

DATE

Employee Signature

(NOTE: Where pension or profitsharing plans are involved, these matters should be set forth clearly in the leave of absence form.)

STAFFING & PAYROLL ALTERNATIVE, INC
EXIT QUESTIONNAIRE

Name (Optional): _____ Today's date: _____
Department: _____
Length of employment: _____ From: _____ To: _____
Position held: _____
Interviewer's name and title: _____
Date: _____

General Information

Employee's current mailing address: _____ _____	Supervisor's comments on the reason for leaving: _____ _____
Termination date and reason for leaving: _____ _____	Supervisor's recommendations regarding future re-employment: _____ _____
Length of service and time in present job: _____ _____	Are any releases required to be signed at this time? Yes ___ No ___ If so, which releases? _____ _____
Final salary and the date and amount of the last increase: _____ _____	_____ _____

Benefits Information

Continuation of health benefits: _____ _____	Details relating to a severance package: _____ _____
as employee been given notice of COBRA and HIPAA continuation benefits? Yes ___ No ___ If no, when will notice be given? _____ _____	Reminded employee to remove any personal belongings: Yes ___ No ___
Details relating to unemployment insurance benefits: _____ _____	Terms of any restrictive covenants, noncompete agreements; or other contract agreement information: _____ _____
Explained the company's policy on possible future re-employment and post-employment references: Yes ___ No ___ _____ _____	Checklist for items to be returned by employee: ___ Company credit cards ___ Computers, cell phones, pagers, other electronic equipment ___ Keys to building, company car ___ Pass cards to building ___ Other items in employee's possession
Amount of unused sick or personal time: _____ _____	

Employee's Comments

Job satisfaction:

- Genuinely happy with job
- Job was acceptable
- Dissatisfied with job

Comments: _____

Working Conditions:

- Pleasant environment
- Generally acceptable
- Poor

Comments: _____

Communication:

- Departmental personnel made a genuine effort to keep staff informed
- Received most information, but not always timely
- Hardly ever got information, had to seek it out

Comments: _____

Promotional opportunities:

- Felt many opportunities existed
- Felt there are some opportunities
- Felt opportunities were non-existent

Comments: _____

Job challenges:

- Found job challenging
- Sometimes bored
- Job was routine and boring

Comments: _____

Workload

- Found workload to be challenging but fair
- Didn't have enough to do
- Continually had more work than I could complete

Comments: _____

Salary:

- Good; better than most in comparable positions
- Average
- Poor; less than others in comparable positions

Comments: _____

Fringe benefits:

- Good; better than most in comparable positions
- Average
- Poor; less than others in comparable positions

Comments: _____

Supervisor's role:

- Felt supervisor was instrumental in establishing a positive work environment
- Supervisor's tone was generally more positive than negative
- Supervisor's influence was definitely detrimental to morale

Comments: _____

Recognition:

- Felt supervisor was aware of my work and gave recognition for achievement and extra effort
- Supervisor sometimes acknowledged extra effort
- Supervisor generally failed to acknowledge performance

Comments: _____

Please list the reason(s) you are leaving, in order of importance:

1. _____

2. _____

3. _____

4. _____

5. _____

STAFFING & PAYROLL ALTERNATIVE, INC.
118 EAST DALLAS STREET
CANTON, TEXAS 75103

INSURANCE CHANGE REQUEST FORM

In an effort to better serve our clients, all employees of Staffing & Payroll Alternative, Inc. must complete this form and fax to our office before any changes will be made to your Insurance Policy.

** If you wish to cancel your policy you must complete this form and return no later than the 1st of the month... *THE CANCELLATION WILL NOT TAKE EFFECT UNTIL THE 1ST OF THE FOLLOWING MONTH.*

Company Name: _____ Date: _____

Insured Name: _____

Type Of Policy: Single _____ Group PPO _____ Group HMO _____

Change Requested:

New Enrollee _____ Additional Insured _____ Cancellation _____

EFFECTIVE DATE ____/____/____ (Must Be Completed)

Reason For Change : (Detailed description)

Signature of Primary Insured

Signature of Additional Insured (if any)

DATE

DATE