| Organization Name**>> Safety Rule Violation**  |
| --- |
| **Employee Name: Date:**  |
| **TYPE OF VIOLATION:**  |
| **RESULT OF VIOLATION:** |
| **DISCIPLINARY ACTION:** |
| Upon hire, I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agreed to act in accordance with the safety rules of Insert Organization Name at all times while on the job, and I understand that the disciplinary action I am receiving is a result of my violation of one or more of the organization’s safety rules.Workers’ compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. In addition, any future safety rule violations may result in suspension without pay and/or termination. |
| **Employee signature:** |  | **Date:**  |  |
| **Supervisor signature:** |  | **Date:**  |  |