

Aspen Skiing Company Hospitality Group

EMPLOYEE ACTION FORM (To be included in the employee's personnel file)

Employee's Name: _____ Position: _____

Department: _____ Date: _____

Name of Manager completing form (PRINT): _____

Type of Action:

- NOTE TO FILE ONLY VERBAL WARNING WRITTEN WARNING
 FINAL WARNING SUSPENSION

Reason for Action:

- | | |
|--|--|
| <input type="checkbox"/> UNREPORTED ABSENCE(S)
Date(s): _____ | <input type="checkbox"/> LEAVING WORK AREA WITHOUT PERMISSION |
| <input type="checkbox"/> TARDINESS
Date(s): _____
Scheduled arrival: _____
Actual arrival: _____ | <input type="checkbox"/> UNSATISFACTORY WORK |
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> DESTRUCTION OF COMPANY PROPERTY |
| <input type="checkbox"/> CARELESSNESS | <input type="checkbox"/> FRAUDULENT USE OF SKI PASS |
| <input type="checkbox"/> FIGHTING ON COMPANY PROPERTY | <input type="checkbox"/> VIOLATION OF SAFETY RULES |
| <input type="checkbox"/> DISHONESTY | <input type="checkbox"/> OTHER (SPECIFY BELOW) |
| <input type="checkbox"/> DISCOURTEOUS ACTIONS TOWARD A GUEST OR EMPLOYEE | |
| <input type="checkbox"/> REPORTING TO WORK UNDER THE INFLUENCE OF DRUGS OR ALCOHOL | |
| <input type="checkbox"/> IMPROPER CONDUCT | |

Supervisor's Comments/Sequence of Events:

(Include dates, times, infraction, reference Employee Resources Guide, if applicable)

Statement of corrective action to be taken:

(Include objective, goals, and dates for follow-up)

Consequences of future violations or failure to improve performance/correct behavior:

Further Disciplinary Action – up to and including termination of employment.

Employee's Comments:

Supervisor's Signature: _____ Date: _____

Division Head's Signature: _____ Date: _____

"I have read this report and have been given the opportunity to discuss it with my Manager/Department Head and made comments I feel appropriate to the documentation. My signature below indicates I am in receipt of this notice."

Employee's Signature: _____ Date: _____

Witness' Initials (if employee refuses to sign): _____ Date: _____

HR Director's Signature: _____ Date: _____