

## Documentation Card

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What I did about the incident (optional): \_\_\_\_\_  
\_\_\_\_\_

Check the appropriate factor or factors:

- Demonstrated Work Ability
- Work Habits
- Personal Qualities

- Leadership
- Attendance, Punctuality & Safety

\_\_\_\_\_  
*Supervisor's/Manager's Signature and Date*

*(Optional)*

\_\_\_\_\_  
*Employee's Signature and Date*

*(Optional)*

Rev. 10/98

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*(Optional)*

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