



Employee Written Warning

Name: _____

Date: _____

Department: _____

Position: _____

Reason for Corrective Action:

- | | | |
|-----------------------|-------------------------|----------------------------------|
| Punctuality | Attendance | Poor quality of work |
| Damaged equipment | Job Knowledge | Code of Conduct |
| Attitude | Volume of work produced | Safety |
| Violation of policy | Job Performance | Refusal to work designated shift |
| Other (Explain below) | | |

Details of incident, exactly what happened? (Date, time, location, action):

What policy, procedure or standard was not followed?

Has the employee been counseled on this or a similar incident before? No Yes

Verbal, date: Written, date: Other, date:

What should the employee do in the future to avoid a similar incident? (Include objectives, goals, and follow-up date, if applicable):

Warning Type:

- | | | |
|-----------------------------|-----------------------|----------------|
| Introductory Period Warning | Documented | Verbal Warning |
| Written Warning | Final Written Warning | |

Employee Comments:

I have read this warning and have been given the opportunity to discuss it with my supervisor. I have made comments I feel appropriate to the incident. I acknowledge that I know the County policy, procedure or standard associated with this incident. I understand this report will be retained in my personnel file. My signature below indicates that I am in receipt of this notice (a witness must sign if the employee refused to sign).

<i>Employee Signature</i>	<i>Date</i>
<i>Supervisor Signature</i>	<i>Date</i>
<i>Print Supervisor Name</i>	<i>Date</i>