



MEMORANDUM

TO: **Name of Employee**
 Job Title
 Name of Department

FROM: **Name of Supervisor**
 Job Title
 Name of Department

DATE: **Date**

SUBJECT: **Written Warning Notice**

I am writing to inform you that you are not meeting the expectations of your position. Specifically, you are in violation **Insert Policy being violated. Summarize in one sentence the inappropriate action/inaction.**

In this section, specify what occurred: include when, where, how, etc. Be very specific, and avoid statements like, "I believe" or "I feel." You are writing this memo to the employee, so please use "you" when referring to the employee, not "he/she," "him/her," etc.

State what the impact of the employee's action/inaction was, considering the following:

Physical/Safety Issues
Service Impact
Financial Implications
Resultant Disruption Level
Violation of County or Department Policies, Procedures, or Standards
Violation of Law

List any prior infractions, any corrective actions taken, and what/when expectations have been communicated.

In this section, state your expectations for improvement. Be specific, reasonable, and objective. List due dates if applicable. Include as the last expectation: You must maintain an acceptable level of performance and meet all expectations of your job.

It will be your responsibility to schedule a follow-up meeting with me to discuss your progress no later than **date**. (Schedule the meeting for a reasonable amount of time to allow any necessary training, for the employee to meet stated expectations, and for your review.) I encourage you to contact me whenever you feel you need information, assistance, or support in meeting the expectations outlined above. Your improvement must be immediate and sustained or I will take further disciplinary action, up to and including the termination of your employment.

If you have a condition that may qualify under the Family Medical Leave Act (FMLA), Americans with Disabilities Act (ADA), or if you'd like to discuss this further then please contact Ryan Smith at 801-399-8620 or rsmith@webercountyutah.gov. Weber County offers an Employee Assistance Program. For more information on what is available to you, please visit <https://intermountainhealthcare.org/employee-assistance-program/> or contact the program for a confidential consultation at 1-800-832-7733.

Per Weber County Policy 3-600 you are entitled to include a response to this written warning.

Employee Comments: _____

You can submit a response at a later time if necessary.

Employee Signature- Denotes Receipt of Copy Only

Supervisor/Manager Signature

Date

Date

cc: Assistant HR Director
Employee File

Last Revised March 2024