

New Jersey Department of Military and Veterans Affairs

Written Warning

DATE: _____

TO: _____
EMPLOYEE'S NAME and TITLE (Please Print)

FROM: _____
SUPERVISOR'S NAME and TITLE (Please Print)

SUBJECT: WRITTEN WARNING

Description of the incident: _____

Violation of Departmental Directive 230.05 Section(s): _____

SUPERVISOR'S SIGNATURE

SUPERVISOR'S TITLE

SUPERVISOR'S NAME (Please Print)

WORK UNIT or SECTION

DATE ISSUED TO EMPLOYEE

NOTE: Employee was offered a copy of this notice.

☐ Copy Accepted

☐ Did Not Want a Copy

c: File