



Employee Warning Notice

Verbal Warning Written Warning Suspension Demotion

EMPLOYEE NAME: _____ JOB TITLE: _____

DEPARTMENT: _____ DATE: _____

1. REASON FOR DISCIPLINE: FACTS OF EVENTS:

Explanation of current problem, including specific dates and examples (Attach any additional documentation):

2. PREVIOUS WARNINGS: HAS EMPLOYEE BEEN PREVIOUSLY COUNSELED OR DISCIPLINED FOR SAME OR SIMILAR REASON? YES NO

Why is this a problem for the city or department? _____

3. IMPROVEMENT REQUIRED:

Specific changes in performance or behavior which must occur (including dates for compliance:)

4. TIME ALLOWED: INDICATE A MAXIMUM PERIOD OF TIME ALLOWED FOR IMPROVEMENT

30 Days 60 Days 90 Days Not Applicable

Evaluation Date: _____

To be set when warning is given

Failure to correct problem may result in further disciplinary action up to and including termination.

Employee comments: _____

Supervisor comments: _____

Employee Signature

Date

Supervisor Signature

Date

*Signature indicates review, not necessarily agreement.

INSTRUCTIONS

VERBAL WARNING

1. Conduct conversation with employee
2. Complete form
3. Obtain employee comments, if any, signature and date
4. Give employee a copy. Supervisor retains a copy.
5. Send copy to Personnel Department

WRITTEN WARNING

1. Conduct formal conversation with employee
2. Complete form
3. Obtain employee comments, if any, signature and date
4. Obtain all necessary signatures
5. Distribution: Employee, Supervisor and Personnel Dept.