



Documentation of Warning

First Warning Second Warning Final Warning

Employee Information

Employee Name: _____ Contact # _____

Employee's Position: _____

Name of Supervisor: _____ Contact # _____

Incident Information

Description of incident (include date, time, location, witnesses, and specific departmental / college / LCTCS / or State Civil Service policy violated, if applicable):

Employee's explanation of the conduct, if any:

Corrective Action Being Taken

Provide information on the corrective action being taken (i.e. performance improvement plan, etc..)



Provide information on employee's expected improvement (including consequences of failing to improve).

Signature of Parties

Supervisor's Signature: _____

Date: _____

Employee Signature (which acknowledges that employee has been counseled about his/her inappropriate conduct and informed of the consequences if improvements are not made; the employee's signature does **not** mean that the employee agrees with the warning or admits guilt, but simply acknowledges the content of the counseling documented herein):

Date: _____

Witness Signature (only needed if the employee refuses to sign this document acknowledging that he/she has reviewed this document; the witness must actually observe the counseling session with the employee before signing).

Date: _____

This document is not discipline, is subject to limited rights of appeal, and may not be included in any publicly accessible personnel record unless used to support future discipline. Employees have a right to respond to this document in writing. The employee's response will be attached to each copy of the form and shall become part of the employee's file. If the same or similar conduct recurs, this document may be used to support the severity of future discipline.