

## **Written Warning**

This form can be used to document a Corrective Action - Written Warning. Forward the completed Corrective Action Form to the Office of Employee Services & Quality Improvement to be retained in the employee's personnel file

Section I – Employee Information

	tion I - Employe	c iiiioiiiiatioii	lob Title
Name of Employee	Department		Job Title
Employee Number	Date of Record		Date of Offense(s), If applicable
imployees are expected to be productive while	e at work, and mainta	n ethical, behavioral	and performance standards as outlined in
County's Policies and Procedures. When neces			· · · · · · · · · · · · · · · · · · ·
orrective action may include a Verbal Counselin	ng, Written Warning, c	r Formal Discipline - S	Suspension without Pay, Involuntary Demo
or Termination.			
	Section II – Writt		
Reason for Written Warning: Describe the reason		<ul> <li>g. Be specific, indicate d</li> </ul>	ate(s), time(s), describe incident(s) in detail,
ame witness, etc. Attach a copy of all supporting do	cuments.		
1,7			
Cite Violations of County, including Departm	nental, Policies and F	Procedures: Identify sp	pecific Sections and Sub-Sections, if applicable.
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Corrective Action(s) to be taken and Date(	s) by when such ac	ction should be con	npleted: Corrective Action(s) is/are taken
because of the seriousness of the situation, and to i	inform you that the Coul	nty will not tolerate such	standards of performance and/or conduct.
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Date

**Department Director Signature** 

Date

**Division Director/Manager Signature** (If applicable)