



RECORD OF VERBAL WARNING (FO025)

Name of Supervisor/Manager:	Date:	Time:
Work Site:		
Contact Number:		
Name of Employee:		
Address:		
Contact Number:		

Incident (please include information of Time/Date/Location/Witnesses):



Disciplinary Action (please include information on review dates if applicable):

Acknowledgement:

By signing below both parties acknowledge that the above incident took place and that a verbal warning has been delivered. This warning will be kept in the employee's personal file.

Supervisor: _____ Date: _____

Employee: _____ Date: _____