

Employee Name: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Date: \_\_\_\_\_

Location of Offense: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Which policy or rule was not followed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of Offense: \_\_\_\_\_  AM  PM Date of Offense: \_\_\_\_\_

Verbal Warning

Written Warning

Suspension

Termination

### **\*To be completed if verbal warning has already been given**

Employee rebuttal or explanation of exenuating circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for changing employee's behavior and time frame in which to complete those goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

*(\*If verbal warning has already been given)*