

ID# _____



Leech Lake Band of Ojibwe Employee Warning Report

HR USE ONLY
Date Received: _____ By: _____

Employee Name _____ Department/Position _____

Supervisor _____ Ext _____ Review w/employee Time _____

Email Address _____ Review w/employee Date _____

Type of Violation

Policy Violation Code: _____ Description _____

Disciplinary Level

Verbal (Written) Warning

Written Warning

Suspension: How many days? _____ Return to work on: _____

Final Written Warning: Personal work agreement? Yes No

No Call / No Show

1st sent home, RTW on _____

2nd Suspended, RTW on _____

3rd Final, _____

Incident Description and Supporting Details (date, time, location of incident)

Agreed Upon Corrective Plan (Must list detailed steps)

Prior Incidents of Same Policy Violation

Date	Description

Employee Comments and/or Rebuttal

Employee Signature/Date

By signing this document, you are acknowledging that your supervisor has reviewed contents with you.

Division Director Signature/Date

Supervisor Signature/Date

Human Resources Approval Signature/Date