

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
CORRECTIVE ACTION FORM - WRITTEN WARNING**

DA# _____

Rev. 7/02-26-02

TO: Employee: _____ Date Prepared: _____
 Position: _____
 Department: _____ Division: _____

SUBJECT: DISCIPLINARY ACTION

Date(s) of Offense(s) (If Applicable):

TYPE: **WRITTEN WARNING**

It is expected that all employees are productive while at work, and maintain the expected ethical, behavioral and performance standards as outline in the County Policies & Practices Employee Manual. When necessary, corrective action will be taken to maintain such standards. Corrective action may include: (written) verbal warning, suspension without pay, probation termination/discharge.

I. You are receiving this written warning for the following reasons (be specific: indicate date(s), time(s), describe incidents(s) in detail, name witnesses and cite violations of policy and attach all support documentation):

Over

II. This action is being taken because of the seriousness of the situation, and to inform you that we will not tolerate such standards of performance and/or conduct. You are hereby advised that the following corrective actions and deadlines for same are expected to be accomplished:

Over

Administering Supervisor	Date	Reviewing Division Head	Date
(Position Title)		Department Director	Date

Acknowledgement of Receipt: I understand that my signature does not necessarily mean that I agree with this corrective action; it is just an acknowledgment of receipt.

Date _____ Time _____ Employee Signature (Initials required on reverse side) _____

III Employee's Comments: (To be completed by Employee Receiving Corrective Action.) If "no comments", so indicate.

Over

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
CORRECTIVE ACTION FORM - WRITTEN WARNING**

Rev. 7/02-26-02

Employee Name: _____

Section I. Continued:

Additional Sheet(s) Attached

Section II. Continued:

Additional Sheet(s) Attached

Section III. Continued:

Additional Sheet(s) Attached

Date: _____ Employee Initials: _____