

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)*