

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 extenuating 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)*