

Part-time Employee Warning



Verbal Warning* Written Warning

NOTE: Prior to issuing the following types of corrective actions, Assistant/Associate Director approval must be obtained.

Final Warning Notice of Suspension Notice of Corrective Probation Period Dismissal*

Name of Employee _____ Date _____

Title _____ Department _____

Red ID Number _____

Reason for Warning/Notice

Select all applicable:

- Violation of Company Policy or Procedure Conduct/Attitude Unsatisfactory Work Performance
 Attendance/Tardiness Safety Violation Insubordination Other _____

Provide detailed information, including: Incident Date, Violation, Description of Incident, Previous Warnings

State Company Policy/Job Description Requirement

To avoid further discipline, employee is expected to

Should this incident occur again you will receive further disciplinary action up to and including suspension, probation and/or termination of employment.

Employee Response



_____	_____	_____
Issuing Supervisor (Print Name)	Issuing Supervisor Signature	Date
_____	_____	_____
Assistant/Associate Director (Print Name)	Assistant/Associate Director Signature	Date
_____	_____	_____
Director (Print Name)	Director Signature	Date

Corrective Probation Period (if applicable): Effective Dates: _____ to _____

Suspension Period (if applicable): Effective Dates: _____ to _____ Paid Unpaid

Follow-up Meeting (if applicable): Date: _____

Employee's signature on this document is acknowledgement that this matter has been discussed with the Employee, and the Employee has reviewed it prior to its placement in the personnel file.

Employee Signature* _____ Date _____

Employee Refused to Sign

* Employee Signature is not required in the case of a Verbal Warning or Dismissal.

Original to be placed in employee's personnel file. Forward to Human Resources Director.

Copy to: Employee Supervisor Director