

EMPLOYEE NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
TIME OF INCIDENT: \_\_\_\_\_

#### NATURE OF INCIDENT

MISCONDUCT ON THE JOB

☐

MISCONDUCT OFF THE JOB

☐

INEFFICIENCY

☐

EXPLAIN SPECIFIC INCIDENT:

(ADD PAGE IF NECESSARY)

PLAN FOR IMPROVEMENT:

(ADD PAGE IF NECESSARY)

CONSEQUENCES OF  
FURTHER INCIDENTS:

(ADD PAGE IF NECESSARY)

#### DISCIPLINARY ACTION TAKEN

VERBAL WARNING:

☐

SUSPENSION:

☐

ADMINISTRATIVE LEAVE:

☐

WRITTEN WARNING:

☐

**RECOMMENDATION  
FOR TERMINATION:**

☐

(See attached Memo)

#### EMPLOYEE'S ACKNOWLEDGEMENT OF RECEIPT

By signing this form you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning. ANY ADDITIONAL VIOLATIONS MAY RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HUMAN RESOURCES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

White- Personnel File

Yellow- Department Copy

Pink - Employee Copy