**SAMPLE Written Warning -UAW**

**MEMORANDUM**

**To:** Staff Member

**From:** Supervisor

**Date:** December 1, 2003

**Subject: Written Warning**

**(Nature and Impact of the Problem)**

This confirms our discussion of November 30, 2003 and serves as a written warning regarding your continued abuse of time allowed for morning and lunch breaks. Your behavior is in violation of our departmental policy governing the amount of time that all our employees are allowed. (Please refer to the interoffice memorandum dated January 5, 2002 that describes our department policy in this area.)

I remind you that you may take a 15-minute break each morning and your daily lunch hour from 12:00 to 1:00 p.m. As we have discussed, you perform a very important and specific job as part of our team; when you are not available to contribute, this affects the functions of the entire work group. Additionally, it negatively affects the morale of your co-workers as well as the group’s productivity.

**(Relevant Counseling and Past Disciplinary Action)**

I verbally addressed this concern with you on August 8, 2003, September 15, 2003, and again on October 28, 2003 when I summarized in writing our discussion and my oral warning about your behavior. At that time I indicated that if you did not correct this behavior I would proceed with further disciplinary measures in hopes of your turning this situation around. You had indicated that you didn’t think it was a “big deal” and that you seem to lose track of time, but said that you would pay more attention to the clock and return to work on time. I am counting on you to do this.

**(Consequence of Failure to Correct Behavior)**

You must correct this behavior immediately and consistently report back to work at the appropriate time following morning and lunch breaks, or further disciplinary action will be taken, up to and including suspension and/or termination of your employment with the university.

**(Offer of Assistance and Resources/Referrals)**

I am available to meet with you and to assist you at any time. Please do not hesitate to speak with me about any concerns you may have. You may also contact your local human resources representative (name/number) or your union representative. Also, if you feel that something in your personal life may be contributing to your behavior at work, please contact our Employee Assistance Program office at (number). They provide free, confidential counseling for a variety of work/life situations.

*Your signature below indicates receipt of this warning only and does not necessarily indicate your agreement.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UAW

cc: HR File

Staff and Labor Relations

File