|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Position: |       |
| Supervisor: |       | Date: |       |
| Type of Action: | [ ]  Written Warning | [ ]  Termination |
|  | [ ]  1 Day Suspension | [ ]  Other       |
|  | [ ]  3 Day Suspension |  |
| **Reason for Action:**  |       |
|  |
| **Has this occurrence or similar occurrence happen in the last 12 months:**  |
| **Expected Improvement and/or standard for the future:** |       |
|  |
| **Next action taken if employee does not comply:** |       |
| Supervisor’s comments: |       |
| Employee’s comments: |  |
|  |  |
| President/CEO comments: |         |
|  |  |  |
|      Employee’s Signature |  |      Date |
|      Supervisor’s Signature |  |      Date |
|      Department Head Signature |  |      Date |
|      President/CEO Signature  |  |      Date |
|      Dir of Human Resources |  |      Received and Reviewed Date |

 |