RECORD OF WARNING

HARDIN COUNTY GENERAL HOSPITAL & CLINIC
PO BOX 2467 6 FERRELL ROAD
ROSICLARE, IL 62982

EMPLOYEE'S NAME:_____ EMPLOYEE NUMBER: _____

JOB TITLE: _____ DEPARTMENT: _____

DATE OF OFFENSE: _____ TIME: _____:_____ A.M. P.M.

REASON FOR WARNING: _____

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_____

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_____

REPORTED BY: _____

WARNING GIVEN: _____

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EMPLOYEES STATEMENT: _____

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_____

AT MEETING IN OFFICE OF:_____ ON DATE: _____

EMPLOYEE'S SIGNATURE: _____

WITNESSED BY:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____