Employee Disciplinary Action Notice			
Verbal Warning	Written Warning	Notice of Suspension	
Unpaid Working Days - Effective Dates From		to	
Employee to return to work on	:		
Name of Employee:	<u>Date</u> :	Department:	Position:
Reason for Warning:			
Corrective Action Required:			
Text			
Disciplinary Action as a Result of this incident:			
Employee Response:			
By signing this, I am acknowledging that I have been counseled and/or warned as noted above.			
Employee Signature / Date			

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Manager Name & Title / Manager Signature / Date

Witness Name & Title / Witness Signature / Date