

Written Warning

Date: _____

Employee: _____

Department: _____ Supervisor Name: _____

Type of Violation:

Attendance Policy Violation Insubordination Other _____

Please be advised this is a Written Warning on this date for the below listed discrepancies.

Reason for written warning: _____

Results expected: _____

Timeline to achieve results: _____

Next disciplinary step if results are not reached within given time line: _____

In signing below, I understand this is a Written Warning received on the date noted above. I understand if I do *not* achieve the results listed above by the time given further disciplinary actions up to and including termination may occur.

Employee Signature: _____ (Print) _____ Date: _____

Signature does not indicate agreement. It indicates that the employee was given the opportunity to discuss the warning with their supervisor.

Supervisor Signature: _____ (Print) _____ Date: _____

Department Head Signature: _____ (Print) _____ Date: _____

City Manager Signature: _____ (Print) _____ Date: _____

Human Resources Signature: _____ (Print) _____ Date: _____