



Verbal Warning – For Employee File

Employee Name _____ Date _____

Department _____

The following counseling has taken place: (Check and give details under explanation)

- | | |
|---|--|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Violation of Dress Code/Uniform Policy |
| <input type="checkbox"/> Absences | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Poor Performance | <input type="checkbox"/> Leaving work without authorization |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Unauthorized use of equipment/materials |
| <input type="checkbox"/> Failure to follow directions | <input type="checkbox"/> Falsification of records |
| <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Other |

Explanation and Expectations:

Director/Supervisor Signature

Date

Human Resources Signature

Date