

WRITTEN WARNING

To: _____ Date: _____

You are receiving this First Written Warning as a result of the issue(s) described below. Please be aware that this is the first step Transcend Medical progressive discipline process. We trust that you will correct this matter by improving your performance of your job and/or refraining from the act or omission that has led to this First Warning Notice. Failure to make appropriate corrections will lead to further discipline, up to and including discharge.

NATURE OF INFRACTION

- Poor Work Performance Tardiness Insubordination
- Improper Conduct Safety Violation Refusal to Work Overtime
- Absenteeism Substance Use or Abuse Abuse of Leave
- Misuse of Email or Telephone Property Damage Failure to Comply with Company Policy

Other _____

Date, Time and Location of Infraction _____

DETAILS:

You must comply with the attached Performance Improvement Plan (check if applicable)

Supervisor/Manager's Name: _____ Signature _____ Date _____

Employee's Name: _____

I acknowledge that I have received a copy of the foregoing First Written Warning and that I have had an opportunity to discuss it with my supervisor or a designated manager.

_____ Employee's Signature Date _____

Response: