

## VERBAL WARNING FORM

Employee's Name:	Current Date:
Supervisor:	Date of Incident:
Manager:	Time:
<b>Informal Verbal Warning:</b> <input type="checkbox"/>	<b>Formal Verbal Warning:</b> <input type="checkbox"/>
<b>Description of Incident (include dates, times and surrounding circumstances):</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Action Required of Employee:</b> <hr/> <hr/>	
<b>In the event this action is not complied with, within _____ days, or upon the occurrence of another incident, termination will be recommended.</b>	
_____ Supervisor's Signature	_____ Date
<b>Employee's Comments:</b> <hr/> <hr/> <hr/> <hr/> <hr/>	
_____ Employee's Signature	_____ Date
<b>Received and Reviewed by:</b>  _____	
_____ Management's Signature	_____ Date