



Verbal Warning Form

Date of Personnel Action

Meeting Participants

The following counseling has taken place: (Check as appropriate and provide details below as needed)

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Failure to follow instructions |
| <input type="checkbox"/> Frequent tardiness | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Performance improvement needed | <input type="checkbox"/> Violation of policy |
| <input type="checkbox"/> Other infraction(s) | |

Summary of performance issue:

Summary of corrective action plan:

You are provided with this information so you can make improvements and move forward in a productive manner. As your manager, I will follow-up and check your progress on an ongoing basis, to ensure compliance and note improvements and/or setbacks. Failure to immediately perform in the areas listed above and to maintain the required level of performance may result in further corrective action up to and including termination.

*Employee Acknowledgement

* Date of Employee Acknowledgement

Manager Acknowledgement

Date of Manager Acknowledgement