

**Verbal Warning – Corrective Action Required**

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| --- | --- |
| Employee Name: | Date of Verbal Warning: |
| Position/Title: | Dept: |

Improvement is required on: *(check the appropriate concern)*

 \_\_Attendance \_\_Conduct \_\_Health & Safety \_\_Performance

1. On (Insert date or dates of coaching) we met to discuss your unacceptable actions. During that meeting we developed clear expectations and recommended actions aimed at improving the issue.
2. On (Insert date), the following unacceptable actions took place.
* (Describe Incident)
* (Describe Incident)
1. The following expectations and corrective recommendations were made:
* (Describe Recommendation)
* (Describe Recommendation)

I will provide assistance and supervision to ensure that the problem is rectified. However, if these matters are not effectively corrected, then further disciplinary or corrective action will be taken, and may include suspension, or termination of employment.

A copy of this warning will be placed in your personnel file for a period of 18 months. If no further discipline has taken place within the time period indicated, this verbal warning will become inactive. If further offences relating to this issue have taken place, this verbal warning will be attached to the next set of progressive disciplinary actions.

Sincerely,

Name of Manager

Title

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_