Rev. 7/02-26-02

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS DA#_____

CORRECTIVE ACTION FORM - (WRITTEN) VERBAL WARNING

TO: Employee: _____ Date Prepared: _____

Position: _____

Department: _____ Division: _____

SUBJECT: DISCIPLINARY ACTION

TYPE: **(WRITTEN) VERBAL WARNING**

Date(s) of Offense(s) (If Applicable):

Proper discipline and adequate standards of performance and conduct are expected to continually effect an effective and efficient employee-employer relationship. This is of primary importance to the County and all its employees. Disciplinary action by the County may be taken to maintain such standards and such action may include: (written) verbal warning, written warning, suspension without pay, termination/discharge.

I. You are receiving this (written) verbal warning for the following reasons (be specific: indicate date(s), time(s), describe incidents(s) in detail, name witnesses and cite violations of policy, if any, and attach all support documentation):

☐ Over

II. This action is being taken because of the seriousness of the situation, and to inform you that we will not tolerate such standards of performance and/or conduct. You are hereby advised that the following corrective actions and deadlines for same are expected to be accomplished:

☐ Over

Administering Supervisor Date	Reviewing Division Head Date
(Position Title)	Department Director Date

Acknowledgement of Receipt: I understand that my signature does not necessarily mean that I agree with this corrective action; it is just an acknowledgment of receipt. I understand that this (written) verbal warning will be placed in my personnel folder.

Date Time Employee Signature (Initials required on reverse side)

III Employee's Comments: (To be completed by Employee Receiving Corrective Action.) If “no comments", so indicate.

☐ Over

Distribution: Original/Personnel Copy/Department Copy/Division Copy/Employee

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Employee Name: _____

Section I. Continued:

☐ Additional Sheet(s) Attached

Section II. Continued:

☐ Additional Sheet(s) Attached

Section III. Continued:

☐ Additional Sheet(s) Attached

Date: _____ Employee Initials: _____

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