Rev. 7/02-26-02

LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
CORRECTIVE ACTION FORM - WRITTEN WARNING

DA#_____

TO: Employee: _____ Date Prepared: _____

Position: _____

Department: _____ Division: _____

SUBJECT: DISCIPLINARY ACTION

TYPE: **WRITTEN WARNING**

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

It is expected that all employees are productive while at work, and maintain the expected ethical, behavioral and performance standards as outline in the County Policies & Practices Employee Manual. When necessary, corrective action will be taken to maintain such standards. Corrective action may include: (written) verbal warning, suspension without pay, probation termination/discharge.

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

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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