



NOTICE OF EMPLOYEE DEFICIENCY

Employee Name: _____ Job Title: _____

Supervisor Name: _____ Date: _____

Incident Information (attach related documentation if needed)

Date/Time of Incident: _____ Location: _____

Description of Incident: _____

Witnesses if any: _____

Policy/Policies Violated: _____

Disciplinary action to be taken: _____

Consequences if employee(s) repeat offense: _____

If employee has offered explanation of his/her conduct, detailed explanation here:

I have read the above and understand the consequences if I repeat offense.

Signed this _____ day of _____, 20_____

Employee Signature: _____

Supervisor Signature: _____