

Documentation of Warning

	First Warning	□ Second War	ning 🗆	Final Warning	9	
Employee Informa	<u>tion</u>					
Employee Name:			_ Contact	#		
Employee's Position:						
Name of Supervisor:			Cont	act #		
Incident Informati	<u>on</u>					
Description of incider college / LCTCS / or	•			•	ïc departmenta	1/
Employee's explanat	ion of the cond	luct, if any:				
Corrective Action E	Being Taken					
Provide information of	on the correctiv	ve action being t	aken (i.e.	performance	improvement i	olar

etc..)



Provide information on employee's expected	improvement	(including	consequences	of failing
to improve).				

Signature of Parties

Supervisor's Signature:
Date:
Employee Signature (which acknowledges that employee has been counseled about his/her inappropriate conduct and informed of the consequences if improvements are not made; the employee's signature does <i>not</i> mean that the employee agrees with the warning or admits guilt, but simply acknowledges the content of the counseling documented herein):
Date:
Witness Signature (only needed if the employee refuses to sign this document acknowledging that he/she has reviewed this document; the witness must actually observe the counseling session with the employee before signing).
Date:

This document is not discipline, is subject to limited rights of appeal, and may not be included in any publicly accessible personnel record unless used to support future discipline. Employees have a right to respond to this document in writing. The employee's response will be attached to each copy of the form and shall become part of the employee's file. If the same or similar conduct recurs, this document may be used to support the severity of future discipline.