

Morrow County EMS
Employee Warning Form

Employee's Name _____ Date of Warning _____

Unit number _____ Station assignment _____

Type of Violation

Attendance

Safety

Carelessness

Work Quality

Insubordination

SOG violation

Violation History

Violation Date _____

Violation Time _____

Place Violation Occurred _____

Supervisor's Statement

Supervisor's signature _____ Date _____

Employee's Statement

Check proper box

I agree with the supervisor's statement.

I disagree with the supervisors statement for the following reasons:

Employee's signature _____ Date _____

Warning Decision

Counseling

Written Verbal

Written warning

Written warning with ____ day suspension

Written warning with termination

Approved by _____

Title _____

Date _____

I have read the above "warning decision" and I understand it.

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____

EMS Chief's signature _____ Date _____

Copy distribution. Check all that apply ____ Chief ____ Supervisor ____ Employee