Employee Warning Notice

Grand Forks County
151 South 4th Street, PO Box 5726
Grand Forks, ND 58206

Employee Name _____ Date of Warning _____

Position _____ Department _____

WARNINGS: Oral ☐ Written ☐

Employer Statement
Date of Incident _____

_____

_____

_____

_____

Employee Statement

☐ I agree with Employer's statement.
☐ I disagree with Employer's description of violation for these reasons:

_____

_____

_____

_____

EMPLOYEE SIGNATURE _____ DATE _____

CORRECTIVE ACTION PLAN: _____

_____

_____

_____

_____

Action to be taken ☐Warning ☐Probation ☐Suspension ☐ Dismissal ☐Other _____

Consequence should incident occur again _____

_____

_____

_____

I have read this Employee Warning Notice and understand it.

SIGNATURE OF EMPLOYEE _____ DATE _____

SIGNATURE OF SUPERVISOR WHO ISSUED WARNING _____ DATE _____