

ABBEVILLE COUNTY
EMPLOYEE COUNSELING
WRITTEN WARNING REPORT



"Heritage With A Future"

Employee Name: _____ Date: _____

Department: _____ Job Title: _____

Incident Date: _____ Time: _____ Place: _____

Issue(s): ____ Attendance ____ Carelessness ____ Disobedience
 ____ Safety ____ Tardiness ____ Work Quality
 ____ Other (i.e. dress): _____

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

_____ Follow Up Date: _____

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your Supervisor or Department Head have discussed this warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

_____ Date _____

Signature of Supervisor or Department Head _____ Date _____

Copies distributed to: Supervisor Department Head
 Human Resources County Director