

Facilities Management ORAL REMINDER

Employee Name: _____ Date of Incident: _____

Supervisor Name: _____ Date of Incident: _____

Department (Shop/Unit): _____ Counseling Date: _____

Examples of Misconduct (check to indicate type of violation):

- TARDINESS (LESS THAN 60 MINS)
- FAILURE TO WEAR COMPLETE UNIFORM/ID AS REQUIRED
- FAILURE TO CLOCK-IN/CLOCK-OUT AS SCHEDULED
- OTHER

Summary of incident (include statements from witnesses, if applicable): _____

Employee's response/explanation: _____

Instructions given for future conduct/behavior: *(Inform employee that any future incidents could result in discipline up to and including discharge)* _____

Employee's Signature

Date

Supervisor's Signature

Date