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|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids    | <input type="checkbox"/> IHD Solids     |
| <input type="checkbox"/> JCO            | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW            | <input type="checkbox"/> _____          |

Company must be indicated above or form will be returned to individual completing it.

# Employee Warning - Written

Employee Name:	
Date Warning Delivered On:	
Employee Title:	Division:
Supervisor:	

## History of Notices (if applicable, depending on severity of offense):

1 <sup>st</sup> Verbal warning given on (date):	By:
2 <sup>nd</sup> Verbal warning given on (date):	By:
1 <sup>st</sup> Written warning given on (date):	By:
<b>Type of Offense</b> (Check option that best applies)	
<input type="checkbox"/> Tardiness/ Leaving Early	<input type="checkbox"/> Violation of Safety Policy -Cite: _____
<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Violation of Company -Cite: _____
<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Rudeness to Customers
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Other: _____

## Description of Offense & Plan for Improvement

With specific examples, describe the employees unsatisfactory performance/behavior & specific plan for Improvement:
Timeline for performance improvement to occur (days/weeks):

**NOTE: Continuance of the above action will merit further disciplinary action, up to and including termination.**

### EMPLOYEE RESPONSE:

- I agree with employer's statement
- I disagree with employer's statement because: \_\_\_\_\_

**This written warning notice will be placed in your personnel file. By signing this form you acknowledge your receipt of this written warning. You also confirm this performance issue has been discussed with you and a specific plan of improvement and timeline has been discussed. Signing this form does not necessarily state that you agree with this written warning.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR HR USE ONLY

Date Rec'd in HR:	Date Forwarded to Wenatchee:
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