



VERBAL WARNING RECORD

Center _____

Date _____

Staff Name: _____

Reason for Verbal Warning: You have used ____ hours of LWOP on _____ .

This action stays in your personnel file for three years. Should you take leave without pay again, we will need to complete a written conference report. After a third incidence termination will occur. See the attached Administrative Directive, March 3, 2005.

Incident dates:

Attachments: Administrative Directive, January 21, 2020

Area Coordinator Signature: _____

Site Manager Signature: _____

Staff Signature: _____