

# CORPORATE MANAGEMENT GROUP



## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
 Office Number: 507-923-4955  
 Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

10/19  
2:30 P

ENTERED

### Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Soeun, Soeun Date: 10-8-19  
 Address: (Street Address) 2102 42nd St. N.W (Apt. /Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55901  
 Phone: (507) 990-9039 Email: soeunsoeun@yahoo.com  
 Social Security No. 468-04-7453 Date Available: anytime  
 Position Applied for: anything available Desired Salary: \_\_\_\_\_  
 Shift Available to work: \_\_ 1<sup>st</sup>  2<sup>nd</sup> \_\_ 3<sup>rd</sup> Employment desired:  Full-Time \_\_ Part-Time  
 Are you authorized to work in the U.S?  Yes \_\_ No  
 How did you hear about us? Friend Referral Name: Chamrong, Ouk  
 If under 18, please list age: no  
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No \_\_\_\_\_ Yes

10/21/19  
and north seasonal

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>JM</u>		<u>12</u>	<u>Diploma</u>
College				
Bus. Or Trade School				
Professional School				

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Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



"your workforce management & staffing experts"

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

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## Employment Application

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Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

### Previous Employment

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant

Date:

10.8.19



# Saroeung Soeun

## **Food Service Worker - Rochester Methodist Hospital**

Rochester, MN 55901

saroeungsoeun@yahoo.com

5079909039

## Work Experience

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### **Food Service Worker**

Rochester Methodist Hospital - Rochester, MN

March 2016 to Present

Assembles meal on trayline for patients. Delivers patient trays and retrieve patients. Works in cafeteria, kitchen, help customer and serve customer. Assembles all catering requests. Other duties as

assigned.

### **PCA Personal Care Assistant**

Smart Choice Healthcare - Rochester, MN

August 2015 to Present

Homemaker, Laundry, Help grocery shopping, Take to dr. appointment n medication, planning meal, Give

them bath or shower if they needed help.

REICHEL FOODS - Rochester, MN

September 2008 to July 2009

ROCHESTER MEDICAL - Stewartville, MN

October 2006 to February 2008

Assembly Line - Rochester, MN

October 2005 to August 2006

### **Waitress and Cashiers**

PHO TAI - Rochester, MN

March 2003 to March 2004



**MINNESOTA  
DRIVER'S LICENSE**



SAROEUNG NETH SOEUN  
2102 42ND ST NW  
ROCHESTER, MN 55901

Date of Birth 03-08-1976

Sex	Eyes	Class
F	BRN	D

Height	Weight
4-11	100

ISSUED 10-2015

EXPIRES 03-08-2020

R848107681420

A handwritten signature in black ink, appearing to read 'SAROEUNG NETH SOEUN', written over a horizontal line.





**Case Verification Number: 2019282191242**

Report prepared: 10/09/2019



### Company Information

Company ID: 1284996

Company Name:  
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate  
Management Group

### Employee Information

Name: Saroeung N. Soeun

Date of Birth: 03/08/1976

U.S. Social Security Number: \*\*\*-\*\*-7453

Employee's First Day of Employment:  
10/09/2019

Citizenship Status: U.S. Citizen

### Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: \*\*\*\*\*1420

Expiration Date: 03/08/2020

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized  
Auto Close





## New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

**CMG/ ESSG / Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

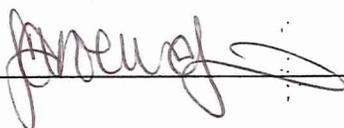
**Drug and Alcohol Testing Policy**

Website: <https://nhov2.esgazure.com/login/cmog>

Login Name: 5079909039

Login Password: Ss@7453

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

X Signature:  Date: 10.9.19

## AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Sardeluna

Middle Name: Neth

Last Name: Saewn

Social Security Number: 468047453

Date of Birth: 3/8/76

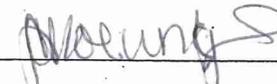
Gender (Circle one):      Male       Female

My Signature: 

Today's Date: 10-9-19

## Employee Photo Release Form

I, Sardeluna Saewn, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: 

Date: 10-9-19

Name: \_\_\_\_\_

# Achoo!

By Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
  - a. The tiny hairs in your nose tickle
  - b. Your body is trying to get rid of bad things
  - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
  - a. Hand, Elbow, Shoulder
  - b. Ankle, Knee, Hip
  - c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
  - a. Pepper, Sun, Dust, and Pollen
  - b. Water, Pop, Flowers, Trees
  - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
  - a. Good Job
  - b. Gesundheit
  - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
  - a. Wipe them with a tissue
  - b. Nothing
  - c. Wash your hands



## Preliminary Questions

For CMG use only

Name: Sireen Guseen

Date: 10/8/19

1. If hired are you willing to take a drug test? 4
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? n
3. Are you able to work with pork? 4
4. Which plant do you prefer? 2nd
5. What shift do you prefer? 2nd

**\*To be completed during or after interview\***

Date of interview 10/8/19

Have you ever been convicted of a crime? Yes  No

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature [Signature]

Interviewer Signature [Signature]

## EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

EMERGENCY CONTACTS	
Please list five people (in priority order) who could be contacted in case of an emergency.	
<p style="text-align: center;">Contact #1</p> <p>Name: <u>Theon</u></p> <p>Relationship: <u>Husband</u></p>	<p>Home Phone: _____</p> <p>Cell Phone: <u>507 314 1139</u></p> <p>Work Phone: _____</p>
<p style="text-align: center;">Contact #2</p> <p>Name: _____</p> <p>Relationship: _____</p>	<p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p>

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

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**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1 Employee Information and Attestation** (Employee must complete and sign Section 1 of Form I-9 prior to and on the first day of employment, or before accepting an offer of employment.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____  Country of Issuance: _____	

Signature of Employee: _____	Today's Date (mm/dd/yyyy) _____
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**Preparer and/or Translator Certification** (Check one)  
 I did not use a preparer or translator.  I, the preparer or translator, assisted the employee in completing Section 1.  
 (Fields below must be completed and signed by preparer and/or translator assisting employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



# EMPLOYEE WARNING NOTICE FORM

Employee Name: Saroeung Soeun Date: 9/29/2020

Supervisor Name: Kendra Lunt Hire Date: 12/23/2019

- Verbal Warning                       Written Warning                       Final Warning  
 Coaching/Counseling Session       Assignment End                       Termination

## 1. Your behavior/actions have been found unsatisfactory for the following reasons:

- Tardiness                                       Insubordination  
 Damaged Equipment                       Failure to Follow Procedure  
 Absenteeism                                       Failure to Meet Performance Standards  
 Policy Violation                               Poor Work Quality  
 Falsifying Company Documents       Other

## 2. Details of Unsatisfactory Behavior/Actions:

Unexcused absence on 9/28/2020

## 3. Prior Warnings:

1/13/2020 – Written for attendance  
3/30/2020 – Notification for attendance  
3/31/2020 – Notification for attendance  
5/11/2020 – Notification for attendance  
6/1/2020 – Notification for attendance  
6/2/2020 – Notification for attendance  
6/22/2020 – Verbal for attendance  
6/23/2020 – Verbal for attendance  
6/29/2020 – Written for attendance  
8/1/2020 – Verbal for attendance  
8/3/2020 – Written for attendance  
8/14/2020 – Written for attendance  
8/17/2020 – Written for attendance  
8/26/2020 – Written for attendance

## 4. The following immediate corrective action must be taken by the employee.

**Failure to do so will result in further disciplinary action up to and including termination.**

Go 2 months without calling in. Failure to do so could result in possible written warning or possible final warning.

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

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: Filed 10/5 Date: \_\_\_\_\_



# EMPLOYEE WARNING NOTICE FORM

Employee Name: Saroeung Soeun Date: 8/4/2020

Supervisor Name: Kendra Lunt Hire Date: 12/23/2019

- Verbal Warning                       Written Warning                       Final Warning  
 Coaching/Counseling Session                       Assignment End                       Termination

## 1. Your behavior/actions have been found unsatisfactory for the following reasons:

- Tardiness                                       Insubordination  
 Damaged Equipment                       Failure to Follow Procedure  
 Absenteeism                                       Failure to Meet Performance Standards  
 Policy Violation                                       Poor Work Quality  
 Falsifying Company Documents                       Other

## 2. Details of Unsatisfactory Behavior/Actions:

Unexcused absence on 8/3/2020

## 3. Prior Warnings:

1/13/2020 – Written for attendance  
3/30/2020 – Notification for attendance  
3/31/2020 – Notification for attendance  
5/11/2020 – Notification for attendance  
6/1/2020 – Notification for attendance  
6/2/2020 – Notification for attendance  
6/22/2020 – Verbal for attendance  
6/23/2020 – Verbal for attendance  
6/29/2020 – Written for attendance  
8/1/2020 – Verbal for attendance

## 4. The following immediate corrective action must be taken by the employee.

**Failure to do so will result in further disciplinary action up to and including termination.**

Go 2 months without calling in. Failure to do so could result in possible written warning or possible final warning.  
2 months from offence is 10/3/2020

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

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: mailed & filed 8/6 Date: \_\_\_\_\_





## Disciplinary Report Form

<b>Employee name:</b> Saroeng Soeun	<b>Hire Date:</b> 12/23/2019	<b>Job title:</b> Production
<b>Department:</b> Production    QA Tech	<b>Shift:</b> 2nd	<b>Supervisor:</b> Kendra Adams

**Offense track:**     Performance issue                       Work rule violation, **Work rule violated, if any:**

**Type of offense:**  Absenteeism     Tardiness     Misuse of property/equipment     Using property/equipment for personal use     Leaking confidential information     Theft or fraud     Lying or cheating     Falsifying company documents     Unsafe behavior     Eating in undesignated areas     Smoking in undesignated areas     Posting items without permission     Spreading gossip     Using vulgar language     Horseplay     Indecent behavior     Bringing weapon onsite     Bringing illegal drugs/alcohol onsite     Failing to follow instructions     Poor work quality     Poor work quantity     Refusing to work     Sleeping on the job     Poor hygiene     Poor housekeeping     Disregarding dress code     Other     Disruption in the work place     Threatening or creating conflict w/ coworkers

### Absenteeism

**Incident description:** (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

### Unexcused Absence on 1/13/2020

<b>Completed by:</b> Diana Elton	<b>Date:</b> 1/14/2020
-------------------------------------	---------------------------

**(Shaded area to be completed by Human Resources only.)**

<b>Progressive step:</b> <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File <i>apart from personnel files and copies thereof</i>	<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date:  12/11/2019 – Notification for attendance 12/16/2019 – Verbal for attendance
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### Written Warning for the Attendance Policy

**Consequence if incident occurs again:**  
Possible Written Warning / Possible Final Warning

<b>Human Resources Signature(s):</b> <i>Kelsey Sikkink</i>	<b>Date:</b> 1/14/2020
--	---------------------------

**Employee statement:**     I agree with the incident description above.     I disagree with the incident description above.  
**Date report presented to employee:**

**Employee comments:** (Attach sheets if necessary.)

**Go 2 months without calling in  
\*\*Please sign and return to CMG\*\***

**Employee acknowledgement:** My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature: _____	Date: _____
Witness signature (if any): _____	Date: _____
Signature of person presenting report: _____	Date: _____