

EMPLOYEE WARNING NOTICE FORM



Employee Name: Obang Odola

Date: 4/30/2024

Supervisor Name: Peter Draheim

Hire Date: 2/21/2024

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal Warning | <input checked="" type="checkbox"/> Written Warning | <input type="checkbox"/> Final Warning |
| <input type="checkbox"/> Coaching/Counseling Session | <input type="checkbox"/> Assignment End | <input type="checkbox"/> Termination |

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

- | | |
|---|--|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Damaged Equipment | <input type="checkbox"/> Failure to Follow Procedure |
| <input checked="" type="checkbox"/> Absenteeism | <input type="checkbox"/> Failure to Meet Performance Standards |
| <input type="checkbox"/> Policy Violation | <input type="checkbox"/> Poor Work Quality |
| <input type="checkbox"/> Falsifying Company Documents | <input type="checkbox"/> Other |

2. Details of Unsatisfactory Behavior/Actions:

Unexcused absence on 4/29/2024

3. Prior Warnings:

Notified upon Hire
3/25/2024- Written for attendance
4/1/2024- Written for Attendance

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

Go two months without any unexcused absences or it may result in further disciplinary action.

Employee Signature: Obang Odola Date: 05/02/24

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

Manager's Signature: Kelly NiSmith Date: 5-6-24

EMPLOYEE WARNING NOTICE FORM



Employee Name: Obang Odola

Date: 5/1/2024

Supervisor Name: Peter Draheim

Hire Date: 2/21/2024

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal Warning | <input checked="" type="checkbox"/> Written Warning | <input type="checkbox"/> Final Warning |
| <input type="checkbox"/> Coaching/Counseling Session | <input type="checkbox"/> Assignment End | <input type="checkbox"/> Termination |

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2. Details of Unsatisfactory Behavior/Actions:

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3. Prior Warnings:

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3/25/2024- Written for attendance
4/1/2024- Written for attendance
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4. The following immediate corrective action must be taken by the employee.

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Employee Signature: Obang Odola Date: 05/02/24

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

Manager's Signature: Kelly M. Sutton Date: 5.6.24