



**EMPLOYEE WARNING NOTICE FORM**

Employee Name: Cole Schiro

Date: 7/27/20

Manager Name:

- First Warning                       Second Warning                       Last Warning

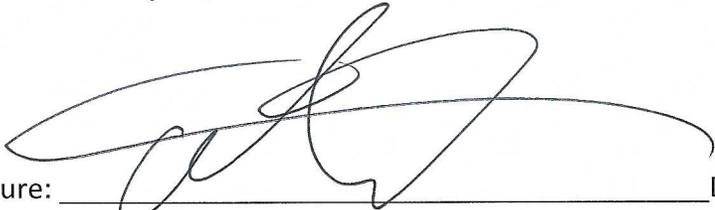
**1. Your behavior/actions have been found unsatisfactory for the following reasons:**

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

**1. Details of Unsatisfactory Behavior/Actions: On 7/24/20 proper fat testing procedures were not followed. Fat tests were not taken at the correct time. The entire batch was ground out before a fat test was taken. This happened again on 7/25/20. On 7/25/20 Grind recipe specs were not followed, and 2 batches were ran out of spec.**

**2. The following immediate corrective action must be taken by the employee.  
Failure to do so will result in termination.**

Follow all grinder mixer procedures. Provide honest accurate fat tests.

Employee Signature:  Date: 7-27-20

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

Manager's Signature:  Date: 7-27-20