



Employee Verbal Counseling Form

Employee Name: **Lester Armstrong, Jr**

Date: **09/12/2019**

Department: **Sanitation**

Indicate if: Coaching/Counseling Session **Verbal Reprimand**

Summary of incident and/or reason for warning or counseling: **On more than one occasion, LA has clocked out before the end of his scheduled shift. He must understand that his work schedule is 10:30pm until at least 6:30am or later depending on the needs of the department. Attendance consistent with your work schedule is essential to ensure the department functions at high level, therefore LA is expected to work the scheduled hours without incident. Any variation in this scheduled must be prior approved by the Tim Holt, Supervisor. Due to the nature of the Sanitation job duties, Tim may or may not accommodate any schedule changes.**

Summary of corrective action needed: **We expect LA to immediately comply with the department schedule.**

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination.

Employee Signature *Lester Armstrong* Date *9, 13-2019*

(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself.)

Manager Signature *T Holt* Date *9/13/19*