



Employee Verbal Counseling Form

Employee Name: **Tyree Holmes**

Date: **December 29, 2017**

Department: **IQF**

Indicate if: Coaching/Counseling Session Verbal Reprimand

Summary of incident and/or reason for warning or counseling: **Tyree has been dozing off on the job and appears to always be too tired to do his work in a timely and efficient manner.**

Summary of corrective action needed: **Tyree must get ample sleep at night and come to work well rested. He needs to be able to stay awake and alert for his entire shift.**

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 *Tyree Holmes* Date 12/29/17

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

Manager Signature *Lou Kaiser* Date 12-29-17