STOREY COUNTY HUMAN RESOURCES

FORM: 1001F
CREATED: 01/06/19
REVISED: 08/21/18-12/04/18
AUTHORITY: BOCC
COUNTY MANAGER: PAW

Documented Verbal Warning

1. Today's Date: _____
2. Date of documented verbal warning: _____
3. Name of employee receiving verbal warning:_____
4. Name of employee/supervisor issuing verbal warning: _____
5. Department: _____
6. Detailed explanation of the performance-related behavior(s) or job-related behavior(s):
7. Department or county policies violated:
8. Details of specific changes that must occur to correct the subject behavior. Details must be SMART (Specific, Measurable, Attainable, Relevant, and Timely). This section should specify: what exactly do I want to achieve; where; how; when; and with whom.
9. Timeframe for these changes to occur (even if repeated from question 8 above).
10. Periodic review needed: yes_____ no ____.
11. If yes to question 10, what frequency and duration of reviews:
12. Consequences if the required change does not occur:

Supervisor signature:	Date:
Employee signature:	Date

Note: By employee's signature above, receipt of this verbal warning is acknowledged but agreement with the action taken is not necessarily indicated.