

**Written Warning Notice**

Name:	
Title:	Shift:
Department:	Date of Written Warning:
	Date of Prior Oral Warning:
	Date of Coaching and Counseling Memo:

This written warning constitutes formal notice to you of continued undesirable behavior(s) or activities in the course of your employment at Union College. The following is a summary of the undesirable behavior(s) or activities (attach appropriate documentation as necessary).

Reason for the warning: Excessive Absenteeism  
 Examples and dates of behavior/activity: See Below

You are receiving this memo because as of *date* you have exceeded the amount of acceptable sick time (*# of annual hours* hours) available to you (absences covered by an appropriate doctor's note are not counted toward this excessive determination). Our records indicate that you have taken a total of *total # of hours taken to date* hours with *# of hours not covered by doctor's note* hours not covered by an appropriate doctor's note.

***Copy, Paste, and Update the "You have missed the following days" section from the Oral Warning***

This memo is also intended to inform you that out of a total annual allotment of *total # of annual paid hours* paid sick hours you have already used *total # paid sick hours used* hours of paid sick time. This only leaves you with *# of paid sick hours remaining* paid sick hours for the remainder of the calendar year.

The employee was informed of the seriousness of the matter, that it constitutes a written warning, and that additional undocumented absenteeism will result in a suspension.

Employee's reaction was: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***I understand that my signature indicates that this document has been discussed with me and I have received a copy of it; it does not necessarily indicate agreement with the facts or actions stated. If I disagree, it is my option and responsibility to comment as appropriate.***

*Supervisor Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Department Head Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Copies should be given to: Employee, Human Resources and Department