

**Documentation of Oral Warning**

|             |                                      |
|-------------|--------------------------------------|
| Name:       |                                      |
| Title:      | Shift:                               |
| Department: | Date of Oral Warning:                |
|             | Date of Coaching and Counseling Memo |

The following is a summary of the employee’s 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 Coaching and Counseling Memo***

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 an oral warning, and that further undocumented absenteeism would necessitate additional disciplinary action.

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:* \_\_\_\_\_

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