

**CITY OF MARQUETTE  
EMPLOYEE WARNING NOTICE**

Employee \_\_\_\_\_ Department \_\_\_\_\_  
Position or Classification \_\_\_\_\_ Supervisor \_\_\_\_\_

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A. TYPE OF OFFENSE: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

B. SUPERVISOR'S EXPLANATION OR COMMENTS:

C. EMPLOYEE'S EXPLANATION OR COMMENTS:

D. ACTIVE WARNINGS:

1. Active warnings for this type of offense: \_\_\_\_\_ Number \_\_\_\_\_ Date(s) \_\_\_\_\_  
Last disciplinary action taken: \_\_\_\_\_ Date \_\_\_\_\_
2. Active warnings for other infractions: \_\_\_\_\_ Number \_\_\_\_\_ Date(s) \_\_\_\_\_  
Nature of other offense(s) or infraction(s): \_\_\_\_\_

E. DISCIPLINARY ACTION TAKEN:

- \_\_\_ Written Reprimand Only  
\_\_\_ Reprimand with suspension of \_\_\_\_\_ days with /  
without pay.  
Return to work date: \_\_\_\_\_  
\_\_\_ Final Written Warning  
With suspension of \_\_\_\_\_ days without pay.  
Return to work date: \_\_\_\_\_  
\_\_\_ Discharge

Immediate improvement in this area is required.  
Failure to do so may result in your suspension  
and/or written warning.

A reoccurrence of this incident or failure to  
make the necessary improvement in your  
performance will result in your being discharged.

F. POINTS DISCUSSED WITH EMPLOYEE:

G. EMPLOYEE ACKNOWLEDGEMENT:

I acknowledge that a copy of the above written warning has been given to me on this date \_\_\_\_\_.  
By signing this form you acknowledge that you understand the information contained on the notice.  
Your signature does not necessarily indicate that you agree.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

H. SIGNATURES:

\_\_\_\_\_  
Issuing Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

Original: Human Resources

Copies to: Employee and Department Head