



WRITTEN WARNING

<i>DER REPORT NO.</i>

CS-79, R. 10.14.15

Distribute a copy to:

- Employee
- Department

Date: _____

Employee:		Race:		Employee ID No.:
Department:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Division:		Div. No.:		
Job Title:		Payroll Loc. No.:		
		Immediate Supervisor:		

We are warning you about the offense described below, because a repetition of this or another offense may result in disciplinary action.

Description of Offense:

	Reporting Authority Signature:
<i>Date provided to Employee</i>	Title:
GRIEVANCE PROCEDURE: Regularly appointed employees who receive a Written Warning may file a grievance under the Discipline and Grievance Procedure as provided under Chapter 350-241 of the Milwaukee Code of Ordinances.	Department Head Signature:
	Title:

