



WRITTEN WARNING

DER REPORT NO.

CS-79, R. 7.11.19

Distribute a copy to:

- Employee
- Department-send to DERPersonnelforms@milwaukee.gov

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:

