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Final Written Warning and Suspension

Employee name:	Job title:
Department:	Supervisor:
Date written warning issued:	
Area of concern (<i>check one</i>): <input type="checkbox"/> Attendance <input type="checkbox"/> Conduct <input type="checkbox"/> Health and safety <input type="checkbox"/> Performance	

On (Insert date of written warning), you received a written warning regarding (Insert topic of warning). During the meeting, you were given clear expectations and recommendations for improvement.

On (Insert date), the following events occurred:

- (Describe incident)
- (Describe incident)

For the reasons stated above, you are immediately suspended with pay for (Insert number) days. You are expected to return to work on (Insert time and date).

The following expectations and corrective recommendations are required when you return:

- (Describe recommendation)
- (Describe recommendation)

The purpose of your suspension is to provide you with time to reflect on your actions and evaluate your desire to continue your employment with (Practice Name)

You will be provided with the opportunity and support needed to correct the issues upon your return in the form of (Insert type of support; for example, coaching, training). However, if these matters are not effectively corrected, the next step will be termination of employment.

A copy of this warning will be placed in your personnel file for (Insert timeframe; for example, one year). Your previous written and verbal warning will be attached to this letter. If no further violations occur within the timeframe outlined, these warnings will remain in your file, but they will not factor into future disciplinary action.

Sincerely,

(Signature)
(Name)
(Position, title, and department)

Employee signature

Date

(This signature signifies a copy of this document has been received by the noted employee)