

Date: \_\_\_\_\_

Verbal Warning

1<sup>st</sup> Written Warning2<sup>nd</sup> Written WarningWritten Warning without  
Suspension

Written Warning with Suspension

Demotion

Discharge

**EMPLOYEE INFORMATION**\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name\_\_\_\_\_  
M.I.

Employee ID Number: \_\_\_\_\_

\_\_\_\_\_  
Department\_\_\_\_\_  
Position**NATURE OF VIOLATION/PERFORMANCE ISSUE**

Based on the seriousness of the offense indicated below, any of the following could result in immediate disciplinary action, up to and including disciplinary suspension and termination. Pursuant to Toro Auxiliary Partners policy, all discharges must be reviewed by the affected manager with the Toro Auxiliary Partners Human Resources Manager and approved by the Toro Auxiliary Partners Director of Business and Finance and Chief Financial Officer before being initiated.

 Refusing work assigned Leaving work without approval Disregard of TAP policies Not following work schedule Not following safety procedures Misuse or abuse of TAP property Violation of time card procedures Theft of any kind Sleeping on the job Violation of lunch break periods Insubordination to management Use of drugs on TAP premise Excessive tardiness (3 times in 30 days) Insubordination to customers Use of alcohol on TAP premise Excessive absenteeism Failure to assist customers Other**DETAILS OF VIOLATION/PERFORMANCE ISSUE**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**People involved (include any witnesses, if applicable)**\_\_\_\_\_  
First and Last Name\_\_\_\_\_  
First and Last Name\_\_\_\_\_  
First and Last Name

**Provide description of the violation/performance issue**

**PRIOR RECORD OF COUNSELINGS**

Has the employee received any prior warning? \_\_\_\_\_

**Briefly explain**

**If the prior warning was for a different performance issue/incident, please explain**

Was the prior warning verbal or written?     Verbal     Written     Both

**Date(s) of prior counseling**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DESCRIPTION OF COUNSELING/GUIDANCE**

Describe any guidance/direction provided in order to assist employee in understanding how to correct any performance issues. Please note any training that is being required to help correct/improve performance.

**EMPLOYEE COMMENTS**

**SIGNATURES**

\_\_\_\_\_  
Supervisor/Department Manager                      Date

\_\_\_\_\_  
Chief People & Operations Officer  
or Designee    Date

\_\_\_\_\_  
Employee    Date

\_\_\_\_\_  
Witness    Date

Employee refused to sign

A COPY OF THIS FORM SHOULD BE PROVIDED TO TORO AUXILIARY PARTNERS HR  
TO PLACE IN THE EMPLOYEE'S PERSONNEL FILE