

**ABBEVILLE COUNTY  
EMPLOYEE COUNSELING  
VERBAL WARNING FORM**



*"Heritage With A Future"*

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Issue(s):      \_\_\_\_\_ Attendance      \_\_\_\_\_ Carelessness      \_\_\_\_\_ Disobedience  
                  \_\_\_\_\_ Safety              \_\_\_\_\_ Tardiness              \_\_\_\_\_ Work Quality  
                  \_\_\_\_\_ Other (i.e. dress): \_\_\_\_\_

Why employee was verbally warned? (Statement of Fact)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was the employee instructed to correct this problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor

Date

Signature of Department Head

Date

Copies distributed to:

Supervisor  
Human Resources

Department Head  
County Director