<Date>

<Name>, <Title>

<Address>

<City, State Zip Code>

Dear <Name>:

**RE: Notice of Written Warning**

In accordance with Human Resources Policy 3-400: Discipline (attached), I am issuing you a Written Warning for violation of <Policy Name and Number>.

<Explanation of the violation including factual circumstances, dates, why is this so serious, what is the impact of the violation?>

<Previous discipline issued including dates and level of discipline>

<Expectations or Corrective Action required to correct the violation and consequences of failing to correct the violation>

Failure to correct violations could result in further disciplinary action including written warning, suspension, demotion, or termination.

If you are experiencing a personal or medical circumstance that is affecting your ability to perform the essential functions of your job, I urge you to seek assistance from the Employee Assistance Program or work with your healthcare provider and the Salt Lake County ADA Coordinator to determine if you qualify for an accommodation under the Americans with Disabilities Act.

You have the right to appeal this discipline under Human Resources Policy 3-500: Grievance Procedure (attached) within 7 calendar days of this notice.

Sincerely

<Name>

<Title>

Enclosures: <List and attach policy or policies violated >

 Human Resources Policy 3-400, Discipline

 Human Resources Policy 3-500, Grievance Procedure