

CONSEQUENCES:

This is a Written Warning. Failure to correct the problem(s) described above may result in further disciplinary action, up to and including termination of employment at any time.

MANAGER'S SIGNATURE:

Discussed with employee by:

James B

(Employee's Supervisor)

onsite supervisor

(Title)

12/7/18

(Date)

WITNESS'S SIGNATURE (if applicable)

Chris

(Name)

operations mgr

(Title)

12/7/18

(Date)

EMPLOYEE ACKNOWLEDGMENT:

By signing below, I acknowledge that I have received and understand this counseling. I understand what the expectations are for improvement and that my continued employment may be in jeopardy if I fail to correct the problems described above. I understand I may respond in writing to this counseling and that my response will be placed in my personnel file. Finally, I understand that I may discuss this counseling with a higher level of management, if I wish, without fear of retaliation.

(Employee's Signature)

Roscoe Jackson

(Date)

12/7/18

EMPLOYEE'S COMMENTS: (continue on back of page or attach additional sheets, if necessary):

Original to Employee's Personnel File / Copy to Manager / Copy to Employee

¹ **Manager's Note:** If employee declines to sign, write "Employee Declined To Sign" on signature line. If practical, have another manager present who can sign this form as witness that counseling discussion did occur. Give a copy of completed form to employee, whether he/she signed it or not.

Acrobat

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Your Hospitality Staffing Professionals
Corrective Counseling Form

Employee's Name:	Roscoe Jackson	Date of Hire:	11/7/2016
Job Title:	Dish/Utility	Office/Dept.:	Tuckshop
Manager's Name/ Others Present	Jaime Barnhart, Ariel Hasbun	Today's Date:	12/7/2018

REASON FOR COUNSELING: (Manager's Instructions): Describe the performance problem(s), policy violation(s), and/or inappropriate conduct that make this counseling necessary. Provide specific examples of the problem(s), including times, dates and places. Cite any previous discussions or counselings that management may have had with the employee about the same or similar problem(s). Continue on back of this page or attach additional sheets, if needed.

Reasons are as follows:

Over the past 6 months, your attendance includes numerous times where you have called out under 24 hours notice, arrived to work late with no notice, and have left work early also without notifying anyone at Acrobat or amongst your team. The dates will be listed below:

Called out:

- 7/9
- 8/15-8/17 (Family Emergency)
- 8/29
- 11/15
- 11/20

Left early:

- 7/19
- 7/26
- 8/30
- 9/20
- 9/24
- 9/27
- 10/1
- 10/3
- 11/1
- 11/14
- 11/21
- 11/29
- 12/4

Came in late:

- 8/9
- 9/4
- 9/13
- 11/12
- 11/13
- 11/26

ACTION PLAN - REQUIRED CHANGES: Describe the specific performance and/or job-related behaviors that must change. Describe what the employee must do, and if appropriate, what the organization or manager will do to help achieve the desired level of performance. If appropriate, indicate a specific timeframe in which performance must improve.

We are looking for perfect attendance from Roscoe for the next 90 days. In addition to that, Roscoe needs to check out with a manager(Eddie, Sal, Kirk or Jason) prior to leaving the Tuck Shop for any of the following reasons

- 10 minute or 30 minute breaks
- 2nd floor storage
- Grease Trap Room
- Going to the restroom