A picture containing logo

Description automatically generated**Warning Notice for Employee**

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is an official letter of warning for [**state reason**]

[**State the factual information that serves as the basis for the reprimand, the following are a few examples**]

**Keeping Me Informed**

I expect you to keep me informed of the status of your on-going assignment and to let me know when you have received an assignment of another source. You should let me know when you will be attending a meeting out of the office when you expect to be gone for more than 1 hour. When representing the Service at Departmental meetings, I expect to be briefed within 24 hours of the outcome of the meeting and any items assigned to the Service. When you encounter a problem with an assignment, I expect to be notified as soon as possible.

**Following Instructions**

You are expected to following my direction or instruction. When I give you an assignment, I expect that you will make every effort to follow the instructions I have given and complete the assignment within the established parameters.

You are cautioned that any future misconduct of this nature or other misconduct may result in more severe disciplinary action, including removal from your position.

If you believe that personal, medical, or other problems are reasons for your misconduct, you may provide documentation of the medical condition or raise these problems. You may also contact the Employee Assistance Program at 000-000-0000 or myself for assistance. If you wish to provide medical documentation, please contact Rebekah Giddings, Branch of Headquarters Human Resources at 000-000-0000 and she will provide you with information concerning medical documentation requirements.

A copy of this reprimand, along with any written explanation made by you, will be placed in your Official Personnel Folder (OPF) for not more than two years from the date you acknowledge receipt. The reprimand will be removed from your OPF if you separate from the Service prior to the end of the two-year period. The reprimand may be removed earlier than the expiration of the two-year period if your conduct is considered to warrant such.

If you do not agree with my decision, you may file a formal grievance in accordance with 227 FW 3. The grievance should be filed with Rebekah Giddings, U.S. Fish and Wildlife Service, Branch of Headquarters Human Resources, 4401 N. Fairfax Dr. Stop HR-2000, Arlington, VA 22203. To be considered, the grievance shall

1. be in writing,
2. set forth specifically the reasons for your grievance,
3. state the specific corrective action desired, and
4. be submitted within fifteen
5. calendar days of your receipt of this letter.

If you have questions about your grievance rights, please contact Rebekah Giddings.

Please acknowledge receipt of this letter by signing below. Your signature does not mean that you agree or disagree with this notice and your signature will not forfeit any right to which you are entitled. Additionally, your failure to sign will not void the contents of this memorandum.

Sincerely,

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_