

WARNING NOTICE AND PROBATION

Employee Name: _____

Job Title: ___ Asst. Manager ___ Lifeguard ___ Attendant

Date: ___/___/___

Supervisor: _____

You are advised that your performance is unsatisfactory for the following reasons:

For your performance to be considered satisfactory, the following action(s) must be taken by the specified date:

Date scheduled to review the corrective action: Date: ___/___/___

I understand that if the above-described deficiencies are not corrected, I will be subject to termination. I have received a copy of this notice. _____ (initials)

Signature of Employee: _____ Date: ___/___/___

Signature of Manager: _____ Date: ___/___/___

Original: Personnel file

Copy: Employee