NEI ELECTRIC PERSONNEL ACTION NOTICE

☐ NEI Electric MN ☐ NEI Electric WI-SCF ☐ NEI Electric WI-EC

Employee Name: _____ Job Title: _____

Date & Time of this report ___/___/___ Time ___:___ ☐ a.m. ☐ p.m.

Jobsite Name/Address: _____ Jobsite Foreman: _____

☐ COMPLIMENT ☐ DOCUMENTATION ☐ WARNING ☐ SUSPENSION ☐ REINSTATEMENT ☐ TERMINATION

(up to 5 scheduled working days pending investigation)

Explanation & Remarks

_____

_____

_____

_____

Employee Comment/Receipt

_____

_____

_____

_____

_____ Supervisor Signature Date

_____ Employee Signature Date

☐ Check if employee refused to sign