

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