



### Action/Improvement Plan

I will not overthink ~~the~~ stressors or any thing that will trigger my migraine.  
I will not eat food that may trigger the symptoms.  
I will try something to be more fit.

### Consequence(s) of Future Infraction/Violation

Next instance of client complaint will lead progression of warning up to termination of employment.

I have read this Warning Notice and understand it.

Employee's Signature: \_\_\_\_\_

Date: 03/07/19

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: 03/07/19