



GPS Tracking Coaching/Counseling Form

Written Warning

Final Warning

Name: _____

Date of infraction: _____

Your driving performance has been measured by the GPS system and recorded as inappropriate based on our policy. Below is a list of the infraction along with the attached GPS reports:

Acceptable conduct/performance is that no additional infractions occur for a period of one year. Further violations of the GPS tracking policy and/or any regulatory government regulations may result in further disciplinary measures, up to and including termination.

- I agree to comply with the Town of Shallotte's GPS Tracking policy.
- I agree to obey all government and regulatory agency laws and rules specific to my driving conduct.
- I will complete a Defensive Driving Course within 30 days of this warning, if I have not already completed such a course within the past year.

Employee's Signature: _____

Administrator's Signature: _____

Date: _____