



FORM 12 - EMPLOYEE BONUS ADJUSTMENT

FOR NOTICE PURPOSE ONLY

Employee first and last name

Incident date (dd/mm/yy)

Invoice number or any other reference number
Homeowner/business/businessowner name
Incident address

Per Employee Handbook, Section IV. Corporate Policies, A. Policy #1, you were involved in the following incident:

- | | | |
|-------|---|----------------------|
| 2.2.1 | Cancelling attendance on scheduled days | <input type="text"/> |
| 2.2.2 | Callbacks on completed jobs for technicians | <input type="text"/> |
| 2.2.3 | At-fault vehicle accident | <input type="text"/> |
| 2.2.4 | Damages to 3rd party property that the Company has to make whole or property belonging to the Company | <input type="text"/> |
| 2.2.5 | Significant or repetitive violations of Company operating procedures or /and policies. | <input type="text"/> |

2.2 The Participant will lose **10%** of his or her annual bonus for each occurrence of the above

ROM Signature

DATE (dd/mm/yy)