

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

From: [Manager/HR Name]

Subject: Last Chance Agreement - Safety Protocol Violation

Dear [Employee Name],

This letter serves as a formal Last Chance Agreement following your violation of company safety protocols on [Date of Incident]. Specifically, you failed to adhere to the following policy: [Insert Specific Policy Name/Description].

Your actions have been identified as a serious breach of safety standards which put yourself and your colleagues at risk. As a result, your continued employment is subject to the following terms and conditions:

- **Strict Compliance:** You must strictly adhere to all company safety manuals, OSHA regulations, and departmental safety procedures at all times.
- **Mandatory Training:** You are required to complete [Insert Training Program Name] by [Insert Deadline Date].
- **Observation Period:** You will be under a formal observation period for [Insert Number] months, effective immediately.
- **Zero Tolerance:** Any further violation of safety protocols, regardless of severity, will result in immediate termination of employment.

By signing this document, you acknowledge that you understand the seriousness of your violations and agree to the terms outlined above. You recognize that this is your final opportunity to maintain your position with [Company Name].

Employee Acknowledgment:

Employee Signature

Date

Supervisor/HR Acknowledgment:

Authorized Signature

Date