



EMPLOYEE WARNING NOTICE

Employee Information

Employee Name:

Date of Incident:

Supervisor:

Job Title:

Location:

Previous Warnings

	ORAL	WRITTEN	BY WHOM	Date
1 st Warning:	<input type="checkbox"/>	<input type="checkbox"/>		
2 nd Warning:	<input type="checkbox"/>	<input type="checkbox"/>		
3 rd Warning:	<input type="checkbox"/>	<input type="checkbox"/>		

Type of Offense

- | | | |
|---|---|---|
| <input type="checkbox"/> Tardiness/Leaving Early | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Violation of Company Policies & Procedures |
| <input type="checkbox"/> Unsatisfactory Work | <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Rudeness to Employees/Customers |
| <input type="checkbox"/> Willful damage to material/equipment | <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Excessive Phone Use |
| <input type="checkbox"/> Other: _____ | | |

Details

Employer's Statement:

Employee's Statement:

Disciplinary Action to be Taken:

- Warning Probation Suspension Dismissal Other:

Improvement Plan:

Further Consequences if failure to improve Performance or Behavior:

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Supervisor Signature

Date