

Employee Warning Notice

Employee Name _____ Date of Warning _____
Employee Payroll # _____ Department _____ Shift _____

1. Type of Violation

- | | |
|---|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Tardiness or early quit |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Unsatisfactory work quality | <input type="checkbox"/> Working on personal matters |
| <input type="checkbox"/> Violation of safety rules | <input type="checkbox"/> Willfull damage to material or equipment |
| <input type="checkbox"/> Rudeness to employees or customers | <input type="checkbox"/> Violation of company policies or procedures |
| <input type="checkbox"/> Other | |

2. Previous Warnings

	Oral	Written	Date	By whom
1st Warning				
2nd Warning				
3rd Warning				

3. Employer Statement

Date of Incident _____ Time _____

4. Employee Statement

- I agree with Employer's Statement.
 I disagree with Employer's description of violation for these reasons:

5. Action(s) to be taken

- Warning Probation Suspension Dismissal Other
Consequence should incident occur again _____

6. Notice acknowledgment

I have read this Employee Warning Notice and understand it.

Signature of employee _____

Signature of supervisor who issued warning _____