

Student Employee Warning Notice

Employee Name:	ID #:	Date of Warning:
Department:	Contact Phone #:	

Type of Violation

<input type="checkbox"/> Attendance	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Failure to Follow Instructions
<input type="checkbox"/> Rudeness to Employees or Customer	<input type="checkbox"/> Violation of Policies or Procedures	<input type="checkbox"/> Unsatisfactory Work Quality
<input type="checkbox"/> Willful Damages to Material or Equipment	<input type="checkbox"/> Working on Personal Matters	<input type="checkbox"/> Working over allotted 20 hours
<input type="checkbox"/> Other, please state: _____		

Previous Warnings

	Oral	Written	Date	By Whom
1st Warning	_____	_____	_____	_____
2nd Warning	_____	_____	_____	_____
3rd Warning	_____	_____	_____	_____

Supervisor Statement

Date of Incident: _____	Time: _____	AM PM
Description of Incident:		

Employee Statement

<input type="checkbox"/> I agree with Supervisor's statement <input type="checkbox"/> I disagree with Supervisor's description of violation for these reasons:	
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Action to be taken:
☐ Warning
☐ Probation
☐ Suspension
☐ Dismissal
☐ Other _____

Consequence should incident occur again: _____

I have read this Employee Warning Notice and understand it.

Signature of Student	Date
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Signature of Supervisor who issued warning	Date
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