

Employee Warning Notice

Employee Name _____
ID # _____ Department _____

Date of Notice ___/___/___
Date of Hire ___/___/___

Type of Violation

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Willful Damage to Company Property | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tardy/Early Quit | <input type="checkbox"/> Violation of Company Policies/Procedures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inappropriate Behavior | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unsatisfactory Performance | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Description of Violation

Date of Incident ___/___/___ Time _____^{AM}_{PM}

Description: _____

Employee Statement

- I agree with employer's description of violation.
- I disagree with employer's description of violation for these reasons: _____

Actions to Be Taken

- Warning Probation Suspension Discharge Other: _____
- Consequence(s) should incident occur again: _____

I have read and understand this Employee Warning Notice.

Signature of Employee Date _____
Signature of Supervisor/Manager Date

Routing

