

Employee Warning Notice

Employee Name _____ Date of Warning ____ / ____ / ____
 Employee / Payroll Number _____ Department _____ Shift _____

Type of Violation

Attendance	Carelessness	Insubordination
Lateness/Early Quit	Failure to Follow instructions	Violation of Safety Rules
Rudeness to Employees/Customers	Willful Damage to Material/Equipment	Working on Personal Matters
Unsatisfactory Work Quality	Violation of Company Policies or Procedures	Other

Previous Warnings

	ORAL	WRITTEN	DATE	BY WHOM
1st Warning				
2nd Warning				
3rd Warning				

Employer Statement

Date of Incident ____ / ____ / ____ Time ____ : ____
am
pm

Employee Statement

____ I Agree with Employer's statement.
 ____ I Disagree with Employers description of violation.
 The reasons are: _____

Employee Signature _____ / ____ / ____
 Date

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 Employee _____ Date ____ / ____ / ____
 Signature of Supervisor Who Issued Warning _____ Date ____ / ____ / ____

Routing _____

