EMPLOYEE WARNING NOTICE

EMPLOYEE		WARNING DATE
EMPLOYEE NO.	DEPARTMENT	SHIFT

VIOLATIONS

- ☐ ATTENDANCE
- ☐ CARELESSNESS
- ☐ CONDUCT
- ☐ INSUBORDINATION
- ☐ PERSONAL WORK
- ☐ REFUSAL TO WORK OVERTIME
- ☐ SAFETY
- ☐ TARDINESS
- ☐ UNAUTHORIZED ABSENCE
- ☐ WORK QUALITY
- ☐ WILLFUL DAMAGE TO COMPANY PROPERTY
- ☐ OTHER _____

WARNINGS PREVIOUSLY

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

COMPANY STATEMENT

SIGNED	
TITLE	DATE

EMPLOYEE STATEMENT

- ☐ I agree with Company Statement
- ☐ I disagree with Company Statement

REASONS	
SIGNED	DATE

ACTION TAKEN

I have read this Warning Notice and understand it.

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR _____ DATE _____

☐ This form was refused by Employee

SUPERVISOR _____ DATE _____