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 _____

* If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.