

Employee Warning Notice

Employee Information			
Employee Name		Employee ID	
Date		Job Title	
Department		Manager	

Type of Warning		
<input type="checkbox"/> 1st Warning	<input type="checkbox"/> 2nd Warning	<input type="checkbox"/> Final Warning

Type of Offense		
<input type="checkbox"/> Tardiness/Leaving Early	<input type="checkbox"/> Absences	<input type="checkbox"/> Company Policy Violation
<input type="checkbox"/> Poor Work Performance	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Poor Customer Service
<input type="checkbox"/> Other:		

Description of Infraction:

Action/Improvement Plan:

Consequences of Future Infractions:

Warning Receipt Acknowledgement

By signing this form, you confirm that you understand the information in the warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Manager/Supervisor Signature

Date

Witness Signature

Date

Employee Warning Notice

Employee Name _____ Date of Warning _____
Employee Payroll # _____ Department _____ Shift _____

1. Type of Violation

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Tardiness or early quit |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Unsatisfactory work quality | <input type="checkbox"/> Working on personal matters |
| <input type="checkbox"/> Violation of safety rules | <input type="checkbox"/> Willfull damage to material or equipment |
| <input type="checkbox"/> Rudeness to employees or customers | <input type="checkbox"/> Violation of company policies or procedures |
| <input type="checkbox"/> Other | |

2. Previous Warnings

	Oral	Written	Date	By whom
1st Warning				
2nd Warning				
3rd Warning				

3. Employer Statement

Date of Incident _____ Time _____

4. Employee Statement

- I agree with Employer's Statement.
 I disagree with Employer's description of violation for these reasons:

5. Action(s) to be taken

- Warning Probation Suspension Dismissal Other

Consequence should incident occur again _____

6. Notice acknowledgment

I have read this Employee Warning Notice and understand it.

Signature of employee _____

Signature of supervisor who issued warning _____

EMPLOYEE WARNING NOTICE FORM

Employee Name:

Date:

Manager Name:

First Warning Second Warning Other

Previous discipline meeting was held on:

1. Your behavior/actions have been found unsatisfactory for the following reasons:

- | | | |
|---------------------------------------------------|------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Irsubordination | <input type="checkbox"/> Failure to follow procedure |
| <input type="checkbox"/> Damaged equipment | <input type="checkbox"/> Rudeness | <input type="checkbox"/> Failure to meet performance standards |
| <input type="checkbox"/> Refusal to work overtime | <input type="checkbox"/> Fighting | <input type="checkbox"/> Other |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Language | |
| <input type="checkbox"/> Policy violation | | |

Details of unsatisfactory behavior/actions:

2. The following immediate and sustained corrective action must be taken by the employee. Failure to do so will result in further disciplinary action up to and including termination.

3. Deadline:

4. Follow-up meeting will be held on:

Employee Signature:

Date:

Note: Your signature on this form means that we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.

Manager's Signature:

Date:

cc: Employee
Manager
Human Resources
Personnel File

Note: This document is for informational purposes only and may not be appropriate for your situation. Please consult an attorney for all legal matters.

Employee warning notice

Employee name _____

Type of violation

- | | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Lateness/leaving early | <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Rudeness to employees/customers | <input type="checkbox"/> Willful damage to material/equipment | <input type="checkbox"/> Working on personal matters |
| <input type="checkbox"/> Unsatisfactory work quality
or procedures | <input type="checkbox"/> Violation of company policies | <input type="checkbox"/> Other: _____ |

Previous warnings (*Please note the date.*)

	Oral	Written	Delivered by whom?
1st warning	_____	_____	_____
2nd warning	_____	_____	_____
3rd warning	_____	_____	_____

Employer statement

Date of incident _____ Time _____

Employee statement

- I agree with my employer's statement
 I disagree with my employer's description of the violation.

The reasons are _____

Action to be taken:

- Warning Probation Suspension Dismissal
 Other _____

Corrective action to be taken:

Consequences 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: _____