

EMPLOYEE WARNING NOTICE

EMPLOYEE:		WARNING DATE:
EMPLOYEE NO.:	DEPARTMENT:	SHIFT:

VIOLATIONS

<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> CARELESSNESS	<input type="checkbox"/> CONDUCT
<input type="checkbox"/> INSUBORDINATION	<input type="checkbox"/> PERSONAL WORK	<input type="checkbox"/> REFUSAL TO WORK OVERTIME
<input type="checkbox"/> SAFETY	<input type="checkbox"/> TARDINESS	<input type="checkbox"/> UNAUTHORIZED ABSENCE
<input type="checkbox"/> WORK QUALITY	<input type="checkbox"/> WILLFUL DAMAGE TO COMPANY PROPERTY	<input type="checkbox"/> OTHER _____

WARNING PREVIOUSLY

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

COMPANY STATEMENT

SIGNED	
TITLE	DATE

EMPLOYEE STATEMENT

SIGNED	
TITLE	DATE

ACTION TAKEN

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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 regulation.