

EMPLOYEE WARNING NOTICE

Employee Name: _____

Date of Warning: ___/___/___

Department: _____

TYPE OF VIOLATION:

- Attendance
- Carelessness
- Insubordination
- Lateness/Tardiness

- Failure to Follow Instructions
- Violation of Safety Rules
- Rudeness to Residents/Employees
- Willful damage to Material or Equipment

- Working on Personal Matters on the job
- Unsatisfactory Work Quality
- Violation of Authority Policies/Procedures
- Other _____

Previous Warnings				
	Oral	Written	Date	By Whom
1 st Warning				
2 nd Warning				
3 rd Warning				

Employer Statement:
 Date of Incident: _____
 Time ___:___ am/pm

- I agree with the Employer's statement
 - I disagree with the Employer's description of the violation for these reasons.
- _____
- _____
- _____
- _____

ACTION TO BE TAKEN: ___ Warning ___ Probation ___ Suspension ___ Dismissal ___ Other

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