

Student Information

Student Name: _____ Date: _____
Student ID: _____ Job Title: _____
Supervisor: _____ Department: _____

Type of Warning

First Warning Second Warning Final Warning

Type of Offense

Tardiness/Leaving Early Absenteeism Violation of Company Policies
 Substandard Work Violation of Safety Rules Rudeness to Customers/Coworkers
 Other: _____

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this 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.

Student Signature

Date

Supervisor Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date