

City of Belle Fourche – BFACC Employee Warning Notice

Employee Name _____ Date of Notice ___/___/___

Type of Violation

Attendance Failure to Follow Instructions Violation of Safety Rules
 Rudeness to Customers/Employees Willful Damage to Equipment Working on Personal Matters
 Unsatisfactory Work Quality Violation of Company Policies Insubordination
 Other _____

<u>Previous Notice</u>	<u>Date</u>	(Check) <u>Oral/Written</u>	<u>By Whom</u>
1st Notice	_____	___/___	_____
2nd Notice	_____	___/___	_____
3rd Notice	_____	___/___	_____

Employer Statement

Date of Incident ___/___/___ Time ___:___ am/pm

Employee Statement

I Agree with employer's statement
 I Disagree with employer's description of violations
 The Reasons are:

 Employee Signature _____ Date ___/___/___

Action to be taken:

Warning: Probation: Immediate Suspension: Dismissal: Other: _____
 W/Pay WO/Pay

Consequence should incident occur again: _____

I have read this Employee Warning Notice and understand it. This will become a part of my permanent record.

Signature of Employee _____ Date ___/___/___

Signature of Supervisor _____ Date ___/___/___