

Employee Warning Notice

PLEASE PRINT

Employee Name _____ Date of Warning _____

Employee Title _____ Department _____

Type of Violation

<input type="checkbox"/> Attendance	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Failure to Follow Instructions
<input type="checkbox"/> Rudeness to Employees or Students	<input type="checkbox"/> Violation of MCTC Policies	<input type="checkbox"/> Unsatisfactory Work Quality
<input type="checkbox"/> Violation of MCTC Procedures	<input type="checkbox"/> Willful Damages to Material or Equipment	<input type="checkbox"/> Working on Personal Matters (Computers/E-mail/Cell Phone)
<input type="checkbox"/> 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

Employee Statement

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

Action to be taken: Warning Probation Suspension Dismissal Other _____

Consequence 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