

EMPLOYEE WARNING NOTICE

EMPLOYEE		WARNING DATE
EMPLOYEE NO.	DEPARTMENT	SHIFT

VIOLATIONS

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

WARNINGS PREVIOUSLY

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

COMPANY STATEMENT

SIGNED	
TITLE	DATE

EMPLOYEE STATEMENT

<input type="checkbox"/> I agree with Company Statement	
<input type="checkbox"/> I disagree with Company Statement	
REASONS	
SIGNED	DATE

ACTION TAKEN

I have read this Warning Notice and understand it.

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR _____ DATE _____

This form was refused by Employee

SUPERVISOR _____ DATE _____

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