



## Employee Warning Record

Employee's Name \_\_\_\_\_ Employee Number \_\_\_\_\_ Department \_\_\_\_\_

Time \_\_\_\_\_ AM PM Date of warning \_\_\_\_\_

### Warning

Date of Violation \_\_\_\_\_ Time of Violation \_\_\_\_\_ Place Violation Occurred \_\_\_\_\_

Nature of Violation

- |   |   |                                   |   |
|---|---|-----------------------------------|---|
| <input type="checkbox"/> Safety violation | <input type="checkbox"/> Abuse of equipment | <input type="checkbox"/> Absence  | <input type="checkbox"/> Substandard work |
| <input type="checkbox"/> Conduct          | <input type="checkbox"/> Tardiness          | <input type="checkbox"/> Attitude | <input type="checkbox"/> Carelessness     |
| <input type="checkbox"/> Disobedience     | <input type="checkbox"/> _____              |                                   |   |

Company Remarks \_\_\_\_\_

Has employee been warned previously?  Yes  No

When warned and by whom \_\_\_\_\_

Form of warning

Verbal 1st Warning \_\_\_\_\_ 2nd Warning \_\_\_\_\_ 3rd Warning \_\_\_\_\_

Written 1st Warning \_\_\_\_\_ 2nd Warning \_\_\_\_\_ 3rd Warning \_\_\_\_\_

### Employee's Remarks

The absence of any statement on the part of the employee indicates his/her agreement with the report as stated.

I have entered my version of the matter above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Action to be Taken \_\_\_\_\_

The absence of any statement on the part of the employee indicates his/her agreement with the report as stated.

I have read this warning and understand it. \_\_\_\_\_  
Employee's Signature Date

Signature of person who prepared warning \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution of copies

- Employee  Supervisor  Personnel Department  Employee's Union Representative