



Viafield™

Growing Opportunity.

TEAM MEMBER WARNING FORM

Team Member's Name: _____ Date: _____ Department: _____

Type of Violation: Attendance/Tardiness Insubordination Work Quality Policy Violation
 Safety Other: _____

Violation Date: _____ Time/ Place: _____

Company Statement:

Team Member Statement:

- I concur with the Company's Statement
 I disagree with the Company's Statement for the following reasons:

I have entered my statement of the above issue.

Team Member's Signature: _____ Date: _____

Warning Decision

Failure to adhere to the conditions of this warning, development of new or related problems, and/or continued unsatisfactory performance will lead to more serious corrective action up to and including discharge.

Approved By: _____ Title: _____ Date: _____

Previous Warnings

1st Warning:

Date: _____
 Verbal Written

2nd Warning:

Date: _____
 Verbal Written

3rd Warning:

Date: _____
 Verbal Written

I have read this "Warning Decision" and understand it.

Team Member Signature: _____ Date: _____

Direct Leader Signature: _____ Date: _____

Senior Leader Signature: _____ Date: _____

Human Resources: _____ Date: _____