

Employee Warning Notice

Employee Name _____ Date _____

Social Security Number _____

Position _____ Department _____

Type of warning Verbal 1st Written 2nd Written Final Written Notice

Reason for warning _____

Supervisor's statement _____

Employee's statement _____

Recommended action _____

Previous Warnings

Type	Was this warning for the same offense?	Date given	Reason	Given by
Verbal	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
1st	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____

Approval signature _____ Date _____

Was the employee provided a copy of this notice? Yes No initials _____

Was the employee given the opportunity to rebut? Yes No initials _____