

EMPLOYEE WARNING REPORT

Employee's Name: _____	Date of Warning: _____
Position: _____	Campus: _____

WARNING

Violation Date: _____	Time: _____	Place: _____
<input type="checkbox"/> Attendance	<input type="checkbox"/> Disobedience	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Carelessness	<input type="checkbox"/> Work Quality	<input type="checkbox"/> Safety
		<input type="checkbox"/> Scriptural Conditions of Employment
		<input type="checkbox"/> Other

MINISTRY STATEMENT

EMPLOYEE STATEMENT

Please check the proper box:

I concur with the Ministry's statement.

I disagree with the Ministry's statement for the following reasons:

I have entered my statement on the above matter.

Employee's Signature: _____ Date: _____

WARNING DECISION

Approved by: _____

Name Title Date

I have read this Warning Decision" and understand it.

Employee Signature	Date	Supervisor's Signature	Date
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