

# Employee Warning Notice

## Form Completion Instructions

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1. Include the employee's **name**, the **date** the warning is being issued, the **department** the employee works in (if applicable), and the employee's position **title**.
2. Mark the **type of violation** the employee is being "written" up for.
3. Mark the **type of warning** the employer is issuing.
4. Complete the employer statement section.
  - a. Include **detailed and specific facts**. What, when, where, and how.
  - b. Include information about previous conversations, warnings, as applicable.
5. Mark the **action to be taken** and indicate what action will be taken should the incident occur again.
  - a. Include detailed specific facts about what action will be taken should the employee repeat the action he/she is being written up for.
6. **Have a member of senior leadership team review the form prior to meeting with the employee.**
7. If possible, have a witness present when you meet with the employee.
8. After communicating and reviewing the information with the employee, **sign the warning and obtain a signature from the employee**.
  - a. If the employee refuses to sign the form, make a note on the written documentation and have it witnessed.

# Employee Warning Notice Form

## EMPLOYEE INFORMATION

Employee Full Name: \_\_\_\_\_  
Date of Warning (MM/DD/YYYY): \_\_\_\_\_  
Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

## TYPE OF VIOLATION (Circle One)

Attendance/Tardiness                      Insubordination                      Safety Violation  
Policy Violation/Misconduct              Unsatisfactory Performance  
Other: \_\_\_\_\_

## TYPE OF WARNING (Circle One)

Verbal Warning                              Written Warning                      Final Warning

## EMPLOYER STATEMENT

Date of Incident (MM/DD/YYYY): \_\_\_\_\_  
Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTION TO BE TAKEN (Circle One)

Warning Only  
Probation  
Unpaid Suspension, period of suspension (no. of days/weeks): \_\_\_\_\_  
Separation/Termination, effective date (MM/DD/YYYY): \_\_\_\_\_  
Other: \_\_\_\_\_

## ACTION TO BE TAKEN SHOULD INCIDENT OCCUR AGAIN

\_\_\_\_\_  
\_\_\_\_\_

## WARNING NOTICE ACKNOWLEDGEMENT

You are formally being warned to bring to your attention the severity of this situation. Failure to correct his behavior and/or further violation of company policy may result in additional disciplinary action up through and including termination. By signing below you acknowledge that you have received and understand this notice.

\_\_\_\_\_  
Employee Name                              Employee Signature                              Date

\_\_\_\_\_  
Manager Name                              Manager Signature                              Date

\_\_\_\_\_  
Witness Name (if applicable)              Witness Signature                              Date

