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EMPLOYEE WARNING NOTICE

EMPLO	YEE IN	FORM	ATION

Full Name:		Date:		
Last Manager:	First	Department:		
TYPE OF OFFENSE				
Tardiness / Early	Absenteeism	Violation of Company Policies		
Substandard Work	☐ Violation of Safety Rules	Rudeness to Customers/Coworkers		
Other:				
DETAILS				
Description of Infraction:				
Plan for Improvement:				
Consequences of Further Infractions:				

ACKNOWLEDGEMENT OF RECEIPT OF WARNING

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Manager Signature

Witness Signature (if employee understands warning but refuses to sign)

Employee Comments:

HEAD OFFICE: 515 OAK POINT HWY. WINNIPEG, MANITOBA R2R 1V2 Telephone: (204)633-9282 · Toll Free: 1-800-463-6461 Website: www.westrans.com · Email: info@westrans.com Date:

Date:

Date: