



Employee Warning Report

EMPLOYEE INFORMATION

Employee Name: _____ Date: _____

Job Title: _____

TYPE OF WARNING

- Verbal Warning Written Warning Suspension Probation
 Termination Follow-Up Other: _____

TYPE OF OFFENCE

- Tardiness/Leaving Early Absenteeism Rudeness to Customers or Coworkers
 Substandard Work Violation of Safety Rules Violation of City Policies
 Other: _____

DETAILS

Description of Offence: _____

Prior Counseling or Warnings on This Subject: _____

Summary of Corrective Action Taken: _____

Consequences of Further Offences: _____

EMPLOYEE REMARKS

ACKNOWLEDGEMENT OF WARNING

By signing this form, you confirm that you understand the information in this warning.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head Signature: _____ Date: _____