

# Written Warning

Staff Member Name \_\_\_\_\_ Date \_\_\_\_\_

Department Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Has a Verbal Warning been given?  Yes  No

If yes, dates of verbal warning(s) \_\_\_\_\_

## Type of Warning

<input type="checkbox"/> 1 <sup>st</sup> written warning	<input type="checkbox"/> 2 <sup>nd</sup> written warning	<input type="checkbox"/> 3 <sup>rd</sup> and final written warning
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## Type of Offense

<input type="checkbox"/> Insubordination	<input type="checkbox"/> Safety violation	<input type="checkbox"/> Theft
<input type="checkbox"/> Misconduct/violation of company policy	<input type="checkbox"/> Unsatisfactory job performance	<input type="checkbox"/> Harassment
<input type="checkbox"/> Tardiness/absenteeism	<input type="checkbox"/> Sleeping on the job	<input type="checkbox"/> Other

**Only viewable text will print – attach Word document if you need more space**

### Description of Infraction

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

### Consequences of Further Infractions

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

### Staff Member Statement

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

## Acknowledgement of Receipt of Written Warning

*By signing this form, you confirm that you understand the information in this written warning. You also confirm that you and your Supervisor have discussed the warning and its consequences. Signing this form does not necessarily indicate that you are agree with the warning.*

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

