

EMPLOYEE WARNING REPORT

Employee's Name:		Date:	___/___/___
Department:		Shift:	
Date of Violation:	___/___/___	Time:	___:___

VIOLATION

<input type="checkbox"/> Unexcused absence	<input type="checkbox"/> Making threats or engaging in violence
<input type="checkbox"/> Unexcused tardy	<input type="checkbox"/> Negligence in the performance of assigned job duties
<input type="checkbox"/> Unauthorized absence from assigned work area	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Failed to work scheduled hours	<input type="checkbox"/> Violations of safety rules
<input type="checkbox"/> Use, sale, distribution or possession of drugs or alcohol while on company premises or during work hours	<input type="checkbox"/> Engaging in personal business while on company time
<input type="checkbox"/> Dishonesty of any type	<input type="checkbox"/> Unsatisfactory job performance
<input type="checkbox"/> Violation of company Policies and Procedures	<input type="checkbox"/> No Call/No Show
<input type="checkbox"/> Destruction or damage of company materials, equipment or property	<input type="checkbox"/> Other :

Describe the events of the violation in detail. Attach additional sheets if necessary.

ACTION

Warning <input type="checkbox"/>	Suspension <input type="checkbox"/>	Dismissal <input type="checkbox"/>	Other _____
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TIMETABLE FOR IMPROVEMENT

Immediate <input type="checkbox"/>	30 Days <input type="checkbox"/>	60 Days <input type="checkbox"/>	Other _____
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CONSEQUENCES

Failure to Improve will result in:	Warning <input type="checkbox"/>	Suspension <input type="checkbox"/>	Dismissal <input type="checkbox"/>
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Describe Employee's Response: _____

<input type="checkbox"/> I have read this Employee Warning Report and understand it	<input type="checkbox"/> Employee Declined to sign this form
Employee Acknowledgement of Receipt	Date
Supervisor Signature	Date