

## EMPLOYEE WARNING NOTICE FORM

|   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
|---|--|--|--|--|--|-----------------------------------|--|---|-----------------------------------|--|--------------------------------------|-----------------------------------|---|---------------------------------|--|---|
| Property:   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| Employee Name:  | Date:                                    |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| Supervisor Name:  |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> First Warning <input type="checkbox"/> Second Warning <input type="checkbox"/> Other   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> Previous discipline meeting was held on:   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <p><b>1. Your behavior/actions have been found unsatisfactory for the following reasons:</b></p> <table style="width: 100%; border: none;"><tr><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Lateness</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Insubordination</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Failure to follow procedure</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Damaged equipment</td><td style="vertical-align: top;"><input type="checkbox"/> Rudeness</td><td style="vertical-align: top;"><input type="checkbox"/> Failure to meet quota</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Refusal to work overtime</td><td style="vertical-align: top;"><input type="checkbox"/> Fighting</td><td style="vertical-align: top;"><input type="checkbox"/> Quantity of work produced</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Absenteeism</td><td style="vertical-align: top;"><input type="checkbox"/> Language</td><td style="vertical-align: top;"><input type="checkbox"/> Quality of work produced</td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Other:</td><td></td><td style="vertical-align: top;"><input type="checkbox"/> Policy violation</td></tr></table> |  | <input type="checkbox"/> Lateness                    | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to follow procedure | <input type="checkbox"/> Damaged equipment | <input type="checkbox"/> Rudeness | <input type="checkbox"/> Failure to meet quota | <input type="checkbox"/> Refusal to work overtime | <input type="checkbox"/> Fighting | <input type="checkbox"/> Quantity of work produced | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Language | <input type="checkbox"/> Quality of work produced | <input type="checkbox"/> Other: |  | <input type="checkbox"/> Policy violation |
| <input type="checkbox"/> Lateness   | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to follow procedure |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> Damaged equipment  | <input type="checkbox"/> Rudeness        | <input type="checkbox"/> Failure to meet quota       |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> Refusal to work overtime   | <input type="checkbox"/> Fighting        | <input type="checkbox"/> Quantity of work produced   |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> Absenteeism  | <input type="checkbox"/> Language        | <input type="checkbox"/> Quality of work produced    |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <input type="checkbox"/> Other:   |  | <input type="checkbox"/> Policy violation            |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <p><b>2. The following corrective action must be taken by the employee:</b></p>   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <p><b>3. Deadline:</b></p>  |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <p><b>4. Follow-up meeting will be held on:</b></p>   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| Employee Signature: _____ Date: _____   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| <p>Note: Any response to this Notice must be placed in writing.<br/><b>Note:</b> Your signature on this form means that we have discussed the Situation. It doesn't necessarily mean you agree that the infraction occurred.</p>  |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| Supervisor's Signature:   | Date:                                    |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |
| cc: Employee<br>Supervisor<br>Human Resources<br>Personnel File   |  |  |  |  |  |                                   |  |   |                                   |  |                                      |                                   |   |                                 |  |   |

Revised 2/27/01