

# WARNING NOTICE

Name \_\_\_\_\_ Date \_\_\_\_\_  
                     Last                    First                    M.I.  
 Title \_\_\_\_\_ Dept. \_\_\_\_\_

## Type of Incident

<input type="checkbox"/> Unexcused Absence	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Failure to Follow Instructions/Insubordination
<input type="checkbox"/> Tardiness or Leaving Without Permission	<input type="checkbox"/> Improper Conduct	<input type="checkbox"/> Violation of Safety Rules, Policies or Procedures
<input type="checkbox"/> Harassment	<input type="checkbox"/> Destruction of Company Property	<input type="checkbox"/> Theft, Fraud and/or Dishonesty
<input type="checkbox"/> Unsatisfactory Work Quality	<input type="checkbox"/> Violation of Company Policies or Procedures	<input type="checkbox"/> Lack of Cooperation or Teamwork
<input type="checkbox"/> Other _____		

## Previous Warnings

	Date	Type	Reason for Warning
1 <sup>st</sup> Warning			
2 <sup>nd</sup> Warning			
3 <sup>rd</sup> Warning			

Employer Statement	Employee Statement
Date of Incident _____	<input type="checkbox"/> I agree with employer's statement.
Time ____: ____ AM/PM	<input type="checkbox"/> I disagree with employer's description of incident for the following reasons:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Timeframe for improvement  Immediate  30 days  60 days  
 Other \_\_\_\_\_  
 Action  Verbal Warning  Written Warning  Suspension  Dismissal  
 Other \_\_\_\_\_  
 Consequences of failure to improve \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \*Employee's Signature Date \_\_\_\_\_  
 \*I acknowledge that this warning has been discussed with me.

\_\_\_\_\_  
 Supervisor's Signature Date \_\_\_\_\_