



Employee Warning Notice

Employee Name _____ Department _____

Name of Supervisor Issuing Warning _____ Date of Warning _____

Type of Violation (check all that apply)

Violation of Company Policies or Procedures <input type="checkbox"/>	Working on Personal Matters <input type="checkbox"/>	Insubordination <input type="checkbox"/>
Willful Damage to Material or Equipment <input type="checkbox"/>	Unsatisfactory Work Quality <input type="checkbox"/>	Carelessness <input type="checkbox"/>
Rudeness to Employees or Customers <input type="checkbox"/>	Violation of Safety Rules <input type="checkbox"/>	Attendance <input type="checkbox"/>
Failure to Follow Instructions <input type="checkbox"/>	Lateness or Early Quit <input type="checkbox"/>	Other <input type="checkbox"/>

Employer Statement

Date of Incident ____ / ____ / ____

Employee Statement

- I agree with Employer's Statement
- I disagree with Employer's description of violation for these reasons (use additional sheet if needed):

Actions to be taken Warning Probation Suspension Dismissal Other _____

Consequences should incident occur again _____

I have read this Employee Warning Notice and understand it.

EMPLOYEE SIGNATURE

DATE

SIGNATURE OF SUPERVISOR WHO ISSUED WARNING

DATE