

Employee Written Warning-

EMPLOYEE INFORMATION

Name:

Years of Service:

Date:

Location:

Supervisor:

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Receipt of Warning- By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature:

Date:

Supervisor Signature:

Date:

Witness Signature (if employee refuses to sign)

Date: