

EMPLOYEE WARNING NOTICE FORM

Employee Name:

Date:

Supervisor Name:

First Warning Second Warning Other

Previous discipline meeting was held on:

1. Your behavior/actions have been found unsatisfactory for the following reasons:

- | | | |
|---|--|--|
| <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"/> Policy violation |

Other:

2. The following corrective action must be taken by the employee:

3. Deadline:

4. Follow-up meeting will be held on:

Employee Signature:

Date:

Note: Your signature on this form means that we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.

Supervisor's Signature:

Date:

cc: Employee
Supervisor
Human Resources
Personnel File