

## EMPLOYEE DISCIPLINE WARNING NOTICE

Employee Name:

Date:

Supervisor Name:

Department:

Title:

☐ Verbal Warning ☐ Written Warning ☐ Probation ☐ Suspension ☐ w/pay ☐ w/o pay ☐ Dismissal

☐ 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"/> Rudeness to customers/employees | <input type="checkbox"/> Substandard work           |
| <input type="checkbox"/> Willful damage to equipment    | <input type="checkbox"/> Fighting                        | <input type="checkbox"/> Policy violation           |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Improper language               | <input type="checkbox"/> Carelessness               |
| <input type="checkbox"/> Absenteeism                    | <input type="checkbox"/> Failure to follow procedure     | <input type="checkbox"/> Safety rules violation     |
| <input type="checkbox"/> Insubordination                | <input type="checkbox"/> Quantity of work produced       | <input type="checkbox"/> Intoxication/Illegal drugs |
|                                                         | <input type="checkbox"/> Overall performance             | <input type="checkbox"/> Leaving without permission |
| <input type="checkbox"/> Other (specify):               |                                                          |                                                     |

**2. Previous meetings regarding this behavior were held on:**

Verbal Warning Date:

Written Warning Date:

Probation Date:

Suspension Date:

**3. The latest incident occurred on:**

**Description of incident:**

Date:

Time:

Place:

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

**5. Deadline:**

**6. If corrective action is not taken, the consequence will be:**

- ☐ Last written warning
- ☐ Suspension
- ☐ Last chance
- ☐ Termination
- ☐ Other (specify):

Discussion:

**7. Follow-up meeting will be held on:**

Employee comments:

Supervisor comments:

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. This will become part of my permanent employee record.

Supervisor signature:

Date:

Cc: Employee  
Supervisor  
Human Resources/Personnel File