



د کليو د پياوړتيا او پرمختيا د وزارت
وزارت احيا و انکشاف و دات

د افغانستان اسلامي جمهوريت
جمهوری اسلامی افغانستان



Islamic Republic of Afghanistan
Ministry of Rural Rehabilitation & Development

Employee Written Warning Notice form

Employee Information			
Employee Name:		Job Title:	
Department, Program, Pillar:		Section:	
Manager's Name:		Manager's Position:	
Type of Warning (please tick)	First Warning <input type="checkbox"/>	Second warning	Final Warning <input type="checkbox"/>
Type of Offense (please tick)			
Substandard work <input type="checkbox"/>	Absenteeism/ tardiness	Violation of company policies	<input type="checkbox"/>
Other:			
Details of the infraction:			
Plan for improvement, Probationary period employee put on,			
Consequences of further infractions:			
Employee's comments (please add separate sheet if necessary)			

Acknowledgement of receipt of warning	
Employee Signature	Date
Manager Signature	Date:
Human Resources Dept. Signature	Date
Final approval: Deputy Minister for Pillar. Signature	Date