



**EMPLOYEE WARNING NOTICE FORM**

BACKGROUND INFORMATION			
EMPLOYEE NAME: _____	DATE OF WARNING: _____		
DEPARTMENT: _____	SHIFT: _____		
TYPE OF VIOLATION			
ATTENDANCE _____	CARELESSNESS _____		
INSUBORDINATION _____	TARDY/LEAVE EARLY _____		
FAILURE TO FOLLOW INSTRUCTIONS _____	VIOLATION OF SAFETY RULES _____		
RUDENESS TO EMPLOYEES/CUSTOMERS _____	WORKING ON PERSONAL MATTERS _____		
WILLFUL DAMAGE TO MATERIAL/EQUIPMENT _____	UNSATISFACTORY WORK QUALITY _____		
OTHER _____	INTOXICATION _____		
WARNING TYPE			
	<u>TYPE</u>	<u>DATE</u>	<u>WITNESS</u>
	Verbal Warning	_____	_____
	Written Reprimand	_____	_____
	Suspension	_____	_____
	Termination	_____	_____
EMPLOYER STATEMENT			
Date of Incident _____			
_____			
_____			
_____			
_____			
_____			

EMPLOYEE STATEMENT	
I DO/DO NOT AGREE WITH THE EMPLOYER'S DESCRIPTION OF THE VIOLATION FOR THE FOLLOWING REASONS:	
_____	
_____	
_____	
_____	
_____	
_____	
_____	/
EMPLOYEE SIGNATURE	DATE

