**Employee Warning Notice**

***EMPLOYEE INFORMATION***

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Notice: \_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***TYPE OF WARNING***

[ ]  First Verbal Warning [ ]  First Written Warning [ ]  Second Written Warning [ ]  Final Warning

***TYPE OF INCIDENT***

[ ]  Tardiness/Leaving Early [ ]  Absenteeism [ ]  Violation of Company Policy/Procedures

[ ]  Unsatisfactory Performance [ ]  Safety violation [ ]  Rudeness to Recipient/Coworker

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DETAIL DESCRIPTION***

**Date of Incident: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Incident: \_\_\_\_\_:\_\_\_\_\_ am or pm *(circle one)***

**Description of the Incident: *(use back of page if necessary)***

**Plan for Improvement:**

**Consequence if Further Incident:**

[ ]  Corrective Action Plan [ ]  Suspension \_\_\_\_\_with or \_\_\_\_\_without Pay [ ]  Termination

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand and agree with the employer statement and the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement.

|  |  |
| --- | --- |
| Employee Signature | Date |
| Supervisor Signature | Date |
| Witness Signature (if employee understands warning but refuses to sign) | Date |

[ ]  I disagree with employer description of this incident/violation for reasons stated on the back of this warning notice.