



EMPLOYEE WARNING NOTICE FORM

EMPLOYEE NAME	DATE
SUPERVISOR NAME	
<input type="checkbox"/> FIRST WARNING <input type="checkbox"/> SECOND WARNING <input type="checkbox"/> THIRD WARNING <input type="checkbox"/> OTHER	
<input type="checkbox"/> PREVIOUS DISCIPLINE MEETING WAS HELD ON _____	
1. YOUR BEHAVIOR/ACTIONS HAVE BEEN FOUND UNSATISFACTORY FOR THE FOLLOWING REASONS	
<input type="checkbox"/> LATENESSS <input type="checkbox"/> DAMAGED EQUIPMENT <input type="checkbox"/> REFUSAL TO WORK OVERTIME <input type="checkbox"/> ABSENTEEISM	<input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> RUDENESS <input type="checkbox"/> FIGHTING <input type="checkbox"/> LANGUAGE
<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES <input type="checkbox"/> FAILURE TO MEET QUOTA <input type="checkbox"/> QUANTITY OF WORK PRODUCED <input type="checkbox"/> QUALITY OF WORK PRODUCED <input type="checkbox"/> POLICY VIOLATION	
2. THE FOLLOWING CORRECTIVE ACTION MUST BE TAKEN BY THE EMPLOYEE	
3. DEADLINE	
4. FOLLOW-UP MEETING WILL BE HELD ON	
_____ EMPLOYEE (PLEASE PRINT)	
_____ EMPLOYEE SIGNATURE	_____ DATE
NOTE: YOUR SIGNATURE ON THIS FORM CONFIRMS THAT WE HAVE DISCUSSED THE SITUATION. YOUR SIGNATURE DOES NOT IMPLY AGREEMENT.	
_____ EMPLOYER (PLEASE PRINT)	
_____ EMPLOYER SIGNATURE	_____ DATE

FAX TO HUMAN CAPITAL: (248) 204-0722