

EMPLOYEE WARNING NOTICE

Company _____

Employee Name _____ Employee ID# _____

- FIRST WARNING**
- SECOND WARNING** PRIOR WARNING DATE ____/____/____
- THIRD WARNING** PRIOR WARNING DATE ____/____/____

DATE OF WARNING	DATE OF VIOLATION	TIME OF VIOLATION
/ /	/ /	: <input type="checkbox"/> AM <input type="checkbox"/> PM

VIOLATION

- Intoxication or drugs
- Substandard work
- Disobedience
- Clocking out ahead of time
- Wrongful conduct
- Tardiness
- Clocking wrong time card
- Carelessness
- Absenteeism
- Other: _____

Additional violation remarks _____

Specific changes in performance and/or behavior required of employee _____

Employee comments _____

I understand similar violation of company policy will be cause for further discipline up to and including termination.

Employee Signature _____ Date ____/____/____

OBTAIN A WITNESS SIGNATURE AND DOCUMENT IF EMPLOYEE DECLINES TO COMMENT OR SIGN.

Supervisor signature _____ Date ____/____/____

Next level of supervisor or witness signature _____ Date ____/____/____