



Employee Warning NOTICE

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Manager: _____ Department: _____

Type of Warning

☐ Verbal Warning ☐ Written Warning ☐ Final Warning

Type of Offense

☐ Attendance ☐ Conduct ☐ Violation of Policies & Procedures
☐ Carelessness ☐ Safety ☐ Failure to Follow Supervisor Directive
☐ Substandard Work ☐ Inappropriate Patient Interaction ☐ Documentation Untimely/with Errors
☐ Other: _____

Details

DESCRIPTION OF INFRACTION: *Attach supporting documentation, if applicable.*

EMPLOYEE COMMENT: *If left blank, it is by employee choice.*

ACTION PLAN: *For employee to improve with timeline. Note assistance/support supervisor is asked to provide by employee.*

Acknowledgement of Receipt of Warning

I have read this "Warning Notice" and understand it. I acknowledge that a copy of this warning has been given to me this day and realize a copy will also be placed in my personnel file. Failure to correct the issue(s) stated above may result in further disciplinary action up to and including termination. I further understand that my signature indicates that I have received and reviewed this notice with my supervisor. I acknowledge I have been provided an opportunity to respond, in writing, to this notice and understand that my signature does not necessarily mean I agree.

Employee Signature

Date

Supervisor/Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date