

Employee Warning Notice

PLEASE PRINT

Employee Name _____ Date of Warning _____

Employee Title _____ Department _____

Type of Violation

- | | | |
|--|---|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to Follow Instructions |
| <input type="checkbox"/> Rudeness to Employees or Students | <input type="checkbox"/> Violation of MCTC Policies | <input type="checkbox"/> Unsatisfactory Work Quality |
| <input type="checkbox"/> Violation of MCTC Procedures | <input type="checkbox"/> Willful Damages to Material or Equipment | <input type="checkbox"/> Working on Personal Matters (Computers/E-mail/Cell Phone) |
| <input type="checkbox"/> Other _____ | | |

Previous Warnings

	ORAL	WRITTEN	DATE	BY WHOM
1 st Warning				
2 nd Warning				
3 rd Warning				

Employer Statement

Date of Incident ____/____/____ Time ____:____ AM
PM

Employee Statement

- ☐ I agree with Employer's statement.
- ☐ I disagree with Employer's description of violation for these reasons:

Action to be taken: ☐ Warning ☐ Probation ☐ Suspension ☐ Dismissal ☐ Other _____

Consequence should incident occur again: _____

I have read this Employee Warning Notice and understand it.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR WHO ISSUED WARNING

DATE

Distribution: Original – HR, Employee Development & Payroll (personnel file), copy (employee and supervisor)
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