

# Employee Warning Notice

Employee Information			
Employee Name		Employee ID	
Date		Job Title	
Department		Manager	

Type of Warning		
<input type="checkbox"/> 1st Warning	<input type="checkbox"/> 2nd Warning	<input type="checkbox"/> Final Warning

Type of Offense		
<input type="checkbox"/> Tardiness/Leaving Early	<input type="checkbox"/> Absences	<input type="checkbox"/> Company Policy Violation
<input type="checkbox"/> Poor Work Performance	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Poor Customer Service
<input type="checkbox"/> Other:		

Description of Infraction:

Action/Improvement Plan:

Consequences of Future Infractions:

## Warning Receipt Acknowledgement

By signing this form, you confirm that you understand the information in the warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date