EMPLOYEE VIOLATION WARNING NOTICE

EMPLOYEE:	WARNING DATE: / /
LOCATION:	JOB NAME / #:

☐ ATTENDANCE	☐ PERSONAL WORK	☐ UNAUTHORIZED ABSENCE
☐ CARELESSNESS	☐ REFUSAL TO WORK OVERTIME	☐ WORK QUALITY
☐ CONDUCT	☐ SAFETY	☐ WILLFUL DAMAGE TO COMPANY PROPERTY
☐ INSUBORDINATION	☐ TARDINESS	☐ OTHER:

PREVIOUS WARNINGS

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

COMPANY STATEMENT

SIGNED
TITLE DATE

EMPLOYEE STATEMENT

I agree with Company Statement ☐ I disagree with Company Statement ☐
REASONS
/ /

I have read this Warning Notice and understand it.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

SUPERVISOR: _____ **DATE:** _____

☐ This form was refused by Employee

* If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.