

Company: _____

Employee Warning Notice

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

Type of Warning		
<input type="checkbox"/> First Warning	<input type="checkbox"/> Second Warning	<input type="checkbox"/> Final Warning

Type of Offenses		
<input type="checkbox"/> Tardiness/Leaving Early	<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Violation of Company Policies
<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Rudeness to Customers/Coworkers
<input type="checkbox"/> Other: _____		

Details
Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand the information in this 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
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Manager Signature	Date
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Witness Signature (if employee understands warning but refuses to sign)	Date
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