

YOUR LOGO
HERE

Company Name

Employee Disciplinary Action Form

Employee Information

Employee Name:

Date of Warning:

Employee ID:

Job Title:

Supervisor:

Department:

Warning

Violation Date:

Violation Time:

Place Violation Occurred:

Type of Violation

- | | | |
|--|--|--|
| <input type="checkbox"/> Tardiness/Leaving Early | <input type="checkbox"/> Attendance | <input type="checkbox"/> Disobedience |
| <input type="checkbox"/> Work Quality | <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Rudeness to Customers/Coworkers |
| <input type="checkbox"/> Other: _____ | | |

Details

Employer Statement:

Employee Statement:

Warning Decision:

Approved by: _____

Name

Title

Date

List All Previous Warnings (When Warned and By Whom):

Previous Warning:

1st Warning

Date: _____

Verbal: _____

Written: _____

Previous Warning:

2nd Warning

Date: _____

Verbal: _____

Written: _____

Previous Warning:

3rd Warning

Date: _____

Verbal: _____

Written: _____

I have read this "warning decision". I understand it and have received a copy of the same.

Employee Signature

Date

Signature of Person Who Prepared Warning

Date

Supervisor's Signature

Date

COPY DISTRIBUTION

☐ Employee

☐ HR Department

☐ Supervisor