

**EMPLOYEE WARNING NOTICE**

<b>EMPLOYEE INFORMATION</b>		
Employee Name:		Date:
Employee ID:	Job Title:	
Supervisor:	Department:	
First Warning	Second Warning	Final Warning
<b>TYPE OF OFFENSE</b>		
Tardiness/Leaving Early	Violation of Safety Rules	
Substandard Work	Violation of Company Policies	
Absenteeism	Rudeness to Customers/Coworkers	
Other:		
<b>DETAILS</b>		
Description of Infraction:		
Plan for Improvement:		
Consequences of Further Infractions:		
<b>ACKNOWLEDGMENTS</b>		
By signing this form, I confirm that I understand the information in this warning. I also confirm that this warning, along with a plan for improvement, has been discussed with me. Additionally, I understand that signing this form does not necessarily mean that I agree with this warning.		
Employee Signature:	Supervisor Signature:	
Date:	Date:	

Updated January 2025