

EMPLOYEE WARNING NOTICE

EMPLOYEE INFORMATION		
Employee Name:	Date:	
Employee ID:	Job Title:	
Supervisor:	Department:	
First Warning	Second Warning	Final Warning
TYPE OF OFFENSE		
Tardiness/Leaving Early	Violation of Safety Rules	
Substandard Work	Violation of Company Policies	
Absenteeism	Rudeness to Customers/Coworkers	
Other:		
DETAILS		
Description of Infraction:		
Plan for Improvement:		
Consequences of Further Infractions:		
ACKNOWLEDGMENTS		
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:	