EMPLOYEE WARNING NOTICE

EMPLOYEE

Name _____ Job title _____ Department _____

Supervisor _____ Date _____ Employee ID _____

WARNING AND REASON

☐ Verbal warning (recorded) ☐ Written warning ☐ Final written warning ☐ Suspension

☐ Attendance ☐ Lateness ☐ Work performance ☐ Conduct ☐ Company policy

☐ Safety ☐ Insubordination Other: _____

WHAT HAPPENED

Date of incident _____ Where _____

Earlier warnings (dates and type) _____

WHAT MUST CHANGE

Expected improvement and support offered

Review date _____ If it happens again _____

EMPLOYEE'S COMMENTS

By signing, I confirm that I have received this notice and that it was discussed with me. My signature does not mean that I agree with it.

Employee's signature _____ Date _____ Supervisor's signature _____ Date _____