

Employee Warning Report

Employee's Name _____

Date of Warning _____

Dept. _____ Shift _____

Type of Violation:

- Attendance
- Safety
- Carelessness
- Tardiness
- Disobedience
- Work Quality
- Other _____

Warning:

Violation Date _____ Violation Time _____ (am/pm)

Place Violation Occurred _____

Company Statement:

Employee Statement:

Check proper box:

- I agree with the Company's statement
- I disagree with the Company's statement for the following reasons:

I have entered my statement of the above matter.

Employee's signature _____

Date _____

Warning Decision

Approved by _____

Name

Title

Date

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Employee Warning Report

List All Previous Warnings Below: (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" and understand it.

Employee's Signature Date

Signature of person who prepared warning Time Date

Supervisor's Signature Date

Copy Distribution

- Employee
- Supervisor
- Foreman
- Industrial Relations
- Union Rep.
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