

Written Warning

Staff Member Name _____ Date _____

Department Name _____ Supervisor Name _____

Has a Verbal Warning been given? Yes No

If yes, dates of verbal warning(s) _____

Type of Warning

1 st written warning	2 nd written warning	3 rd and final written warning
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Type of Offense

Insubordination	Safety violation	Theft
Misconduct/violation of company policy	Unsatisfactory job performance	Harassment
Tardiness/absenteeism	Sleeping on the job	Other

Only viewable text will print – attach Word document if you need more space

Description of Infraction

Consequences of Further Infractions

Staff Member Statement

Acknowledgement of Receipt of Written Warning

By signing this form, you confirm that you understand the information in this written warning. You also confirm that you and your Supervisor have discussed the warning and its consequences. Signing this form does not necessarily indicate that you are agree with the warning.

Staff Member Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____