YOUR LOGO HERE

Company Name

Employee Warning Notice

Employee Information

Employee Name: _____ **Date:** _____

Employee ID: _____ **Job Title:** _____

Manager: _____ **Department:** _____

Type of Warning

☐ First Warning ☐ Second Warning ☐ Final Warning

Type of Offenses

☐ Tardiness/Leaving Early ☐ Absenteeism ☐ Violation of Company Policies

☐ Substandard Work ☐ Violation of Safety Rules ☐ Rudeness to Customers/Coworkers

☐ Other: _____

Details

Description of Infraction:

_____

_____

_____

Plan for Improvement:

_____

_____

_____

Consequences of Further Infractions:

_____

_____

_____

Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

_____

Employee Signature Date

_____

Manager Signature Date

_____

Witness Signature (if employee understands warning but refuses to sign) Date

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