

EMPLOYEE WARNING REPORT

Employees receiving this warning report are hereby put on notice of a violation of our organization's rules and/or standards of employee conduct. Further violation(s) of such conduct may result in further discipline including the possible termination of employment.

Employee Name: _____

Date: _____

VIOLATION (Place Checkmark in Applicable Boxes)					
<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Carelessness	<input type="checkbox"/>	Insubordination
<input type="checkbox"/>	Lateness/Early Quit	<input type="checkbox"/>	Violation of Company Policies or Procedures	<input type="checkbox"/>	Violation of Safety Rules
<input type="checkbox"/>	Unauthorized Absence from Work Area	<input type="checkbox"/>	Willful Damage to Material/Equipment	<input type="checkbox"/>	Working on Personal Matters/Conflict of Interest
<input type="checkbox"/>	Substandard Work Quality	<input type="checkbox"/>	Threatening or Engaging in Violence	<input type="checkbox"/>	Unsatisfactory Behavior Towards Employees or Consumers
<input type="checkbox"/>	Drinking/Drugs While at Work	<input type="checkbox"/>	Unfit for Duty	<input type="checkbox"/>	Other

Date of Violation: _____	Time: _____
Type of Violation:	
Describe Employee's Response:	

ACTION (Place Checkmark in Applicable Box)			
<input type="checkbox"/>	Verbal Warning	<input type="checkbox"/>	Written Warning
<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Discharge

TIMETABLE FOR IMPROVEMENT (Place Checkmark in Applicable Box)							
<input type="checkbox"/>	Immediate	<input type="checkbox"/>	30 Days	<input type="checkbox"/>	60 Days	<input type="checkbox"/>	Other

CONSEQUENCES (Place Checkmark in Applicable Box)							
Failure to Improve will result in:							
<input type="checkbox"/>	Warning	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>	Other

<input type="checkbox"/> I have read this Employee Warning Report and understand it.
<input type="checkbox"/> Employee declined to sign this form.

Date	Employee Signature	Date	Supervisor Signature

Type of Violation

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Describe Employee's Response

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