



EMPLOYEE WARNING REPORT

Employees that receive this warning report are 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 disciplinary action, including the possible termination of employment.

Employee Name: _____ SSN: _____

Date: ___/___/___ Department: _____ Shift: _____

Copy forwarded to: ___Employee ___Employee Representative ___Supervisor ___Human Resources ___ Other

VIOLATION

- Attendance
- Insubordination
- Violation of Co. Policies & Procedures
- Unauthorized Absence from Work Area
- Working on Personal Matters
- Threatening or Engaging in Violence
- Drinking/Drugs While at Work
- Other: _____

- Carelessness
- Lateness/Early Quit
- Violation of Safety Rules
- Willful Damage to Materials/Equip
- Substandard Work Quality
- Unsatisfactory Behavior toward Others
- Unfit for Duty

TYPE OF VIOLATION: _____

Date of Violation: ___/___/___ Time: ___:___AM/PM

Date of Disciplinary Report: ___/___/___

Describe Employee's Response: _____



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ACTION TAKEN

Warning Suspension Dismissal Other: _____

TIME TABLE FOR IMPROVEMENT

Immediate 30 Days 60 Days Other: _____

I have read and I understand this Employee Warning Report.

Employee declined to sign this form

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

FIRST DISCIPLINARY REPORT

TYPE OF VIOLATION: _____

Date of Violation: __/__/__ Time: __:__ AM/PM Date of Disciplinary Report: __/__/__

Describe Employee's Response: _____

ACTION

Warning Suspension Dismissal Other: _____

TIME TABLE FOR IMPROVEMENT

Immediate 30 Days 60 Days Other: _____

I have read and I understand this Employee Warning Report.

Employee declined to sign this form



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SECOND DISCIPLINARY REPORT

Employee Name: _____ SSN: _____

Date: __/__/____ Department: _____ Shift: _____

TYPE OF VIOLATION: _____

Date of Violation: __/__/____ Time: __:__ AM/PM Date of Disciplinary Report: __/__/____

Describe Employee's Response: _____

ACTION

Warning Suspension Dismissal Other: _____

TIME TABLE FOR IMPROVEMENT

Immediate 30 Days 60 Days Other: _____

I have read and I understand this Employee Warning Report.

Employee declined to sign this form.



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THIRD DISCIPLINARY REPORT

Employee Name: _____ SSN: _____

Date: __/__/____ VIOLATION # __1st __2nd __3rd __Final

TYPE OF VIOLATION: _____

Date of Violation: __/__/____ Time: __:__AM/PM Date of Disciplinary Report: __/__/____

Describe Employee's Response: _____

ACTION

Warning Suspension Dismissal Other: _____

TIME TABLE FOR IMPROVEMENT

Immediate 30 Days 60 Days Other: _____

I have read and I understand this Employee Warning Report.

Employee declined to sign this form.
