

EMPLOYEE WARNING NOTICE

Employee: _____ Supervisor: _____

Department: _____ Date: _____

1. Your performance has been unsatisfactory for the following reasons(s):

- | | |
|---|---|
| <input type="checkbox"/> Lateness | <input type="checkbox"/> Poor Quality Work |
| <input type="checkbox"/> Damaged Equipment | <input type="checkbox"/> Failure To Follow Procedures |
| <input type="checkbox"/> Unsatisfactory Work Volume | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Violation of Work Rules |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Other (Explain) |

Description of unsatisfactory performance: _____

2. Disciplinary action to be taken:

- Written Warning Suspension

* Other: _____

Note: has the employee received prior verbal counseling or written warnings concerning this unsatisfactory performance? Yes No

Comments: _____

3. Effective date of action taken: _____

- * Note: In cases of termination, it may be preferable that the employee receive a formalized letter designating their termination of employment.

EMPLOYEE WARNING NOTICE (Continued)

4. Follow-up meeting with employee will be held on _____ to review progress achieved.

Employee Signature

Supervisor Signature

Date

Date

CC: Employee
Supervisor
Personnel File

Department Manager

Date

Note: Employee's signature on this form means that this situation has been discussed with him or her.