Employee Warning Notice

Employee Name: _____ **Date of Warning:** _____
Employee / Payroll Number: **Department:**

Type of Violation

Attendance	☐	Carelessness	☐	Insubordination	☐
Lateness / Early Quit	☐	Failure to Follow Instructions	☐	Violation of Safety Rules	☐
Rudeness to Employee/Customer	☐	Willfully Damage to Materials/ Equipment	☐	Dishonesty	☐
Unsatisfactory Work Quality	☐	Violation of County Policies or Procedures	☐	Improper Conduct	☐
Unreported Absence	☐	Reporting Under the Influence of Alcohol or Drugs	☐	Other: Excessive	☐

Employer Statement: Date of Incident: Time:

Employee Statement:
_____ I agree with employer's statement. _____ I disagree with employer's description of violation.
The reasons are:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: ____/____/___ Employee Signature _____

Action to be taken: ☐ Warning ☐ Probation ☐ Suspension ☐ Dismissal
☐ Other: _____

Consequence should incident occur again: _____

** SEE REVERSE SIDE FOR ATTIONAL INFORMATION **

Routing: Original to Personnel Director

I have read this Employee Warning Notice and understand it.

_____ _____/ _____/ _____
Signature of Employee Date

_____ _____/ _____/ _____
Signature of Supervisor Who Issued Warning Date

_____ _____/ _____/ _____
Signature of Department Head Date

Additional Comments of _____:

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Routing: Original to Personnel Director