|  |  |
| --- | --- |
| Employee Name: | Date: |
| Location: | Time: |

**Type of Warning**

\_\_\_\_ Verbal –memo only (must be filed in employee’s file) \_\_\_\_ Written Warning

**Violations**

\_\_\_\_Attendance \_\_\_\_Personal Work \_\_\_\_Unauthorized Absence

\_\_\_\_Carelessness \_\_\_\_Refusal to Work Overtime \_\_\_\_Work Quality

\_\_\_\_Conduct \_\_\_\_Safety \_\_\_\_Insubordination

\_\_\_\_Damage to Company Property \_\_\_\_Tardiness \_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Employee Statement:**

\_\_\_\_ I agree with Company Statement

\_\_\_\_ I disagree with Company Statement
 **Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 **I have read this Warning Notice and understand it.**
Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_This form was refused by the Employee

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.