



EMPLOYEE DISCIPLINE WARNING NOTICE

Employee Name:

Date:

Supervisor Name:

Department:

Title:

First Warning Second Warning Other

Previous discipline meeting was held on:

1. Your behavior/actions have been found unsatisfactory for the following reasons:

- | | | |
|---|--|---|
| <input type="checkbox"/> Lateness | <input type="checkbox"/> Rudeness | <input type="checkbox"/> Quality of work produced |
| <input type="checkbox"/> Damaged equipment | <input type="checkbox"/> Fighting | <input type="checkbox"/> Policy violation |
| <input type="checkbox"/> Refusal to work overtime | <input type="checkbox"/> Language | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Failure to follow procedure | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to meet quota | <input type="checkbox"/> Intoxication |
| | <input type="checkbox"/> Quantity of work produced | <input type="checkbox"/> Use of illegal drugs |

Other:

2. Previous meetings regarding this behavior were held on:

3. The latest incident occurred on:

Date:

Time:

Place:

4. The following corrective action must be taken by the employee:

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5. Deadline:

6. If corrective action is not taken, the consequence will be:

- Last written warning
- Suspension
- Last chance
- Termination
- Other (specify):

Discussion:

7. Follow-up meeting will be held on:

Employee Comments:

Supervisor Comments:

Employee Signature:

Note: Your signature on this form means we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.

Date:

Supervisor Signature:

Date:

cc: Employee
Supervisor
Human Resources
Personnel File