**EMPLOYEE WARNING REPORT**

Date of

Employee’s Name Warning Dept. Shift

Clock or

Payroll No.



□ Attendance □ Carelessness □ Disobedience Violation: Date 

□ Safety □ Tardiness □ Work Quality

□ Other Violation: Time a.m./p.m.

Place Violation Occurred

| **Company Statement** | **Employee Statement**  Check Proper Box  □ I concur with the Company’s statement.  □ I disagree with the Company’s statement for the following reasons:  I have entered my statement of the above matter.  Employee’s Signature Date |
| --- | --- |
| **Warning Decision**  Approved By  Name Title Date | |

| **List All Previous Warnings Below**  When Warned and By Whom | | **I have read this “warning decision” and understand it.**    Employee’s Signature Date    Signature of person who prepared warning Title Date    Supervisor’s Signature Date  **Copy Distribution**  □ Employee □ Supervisor □ Foreman  □ Personnel Dept. □ Union Rep. |
| --- | --- | --- |
| Previous Warning: | 1st Warning |
| Date  Verbal  Written |  |
| Previous Warning: | 2nd Warning |
| Date  Verbal  Written |  |
| Previous Warning: | 3rd Warning |
| Date  Verbal  Written |  |

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