Employee Warning Notice

EMPLOYEE DATA

ID#

Employee:_____
First Name Middle Initial Last Name

Position:_____ Shift: _____ Station: _____

WARNING NOTICE

Date of Warning:_____ Date of Violation:_____ Time of Violation:_____

Location of Violation:_____

Has this employee been previously counseled? ☐ Yes ☐ No

Previous Warning: ☐ 1st Counseled ☐ 2nd Warning ☐ 3rd Warning

Type of This Warning: ☐ Oral ☐ Written

Date:_____

By Whom:_____

Employer Statement:_____
_____
_____
_____
_____

Employer Signature:_____ Date:_____

ACTION TO BE TAKEN: Warning Probation Suspension
Dismissal Other:_____

_____ I AGREE with employer's statement
_____ I DISAGREE with employer's description of violation

NATURE OF VIOLATION:
- ☐ Absenteeism
- ☐ Carelessness
- ☐ Disobedience
- ☐ Failure to follow instructions
- ☐ Intoxication or Drugs
- ☐ Rude to Citizens
- ☐ Tardiness
- ☐ Unsatisfactory Work Quality
- ☐ Violation of Department Policy
- ☐ Violation of Safety Rules
- ☐ Violation of SOP _____
- ☐ Willful Damage to Equipment
- ☐ Insubordination
- ☐ Sexual Harassment
- ☐ Wrongful Conduct
- ☐ Other: _____

Employee Statement:_____
_____
_____

CONSEQUENCE SHOULD INCIDENT OCCUR AGAIN: I have read this Employee Warning Notice and understand it. I also realize that further misconduct may result in additional discipline up to and including my dismissal from the Department.

Employee Signature:_____ Date:_____