



EMPLOYEE WARNING NOTICE

EMPLOYER SECTION

EMPLOYEE NAME _____ DATE OF NOTICE ____/____/____

EMPLOYEE #, DEPT. _____

CIRCLE TYPE VIOLATION BEING NOTED:

- Attendance
- Rudeness
- Abuse of Co. Equip.
- Tardiness
- Safety Violation
- Violation of Co. Rules
- Work Quality
- Failed to Follow Instructions
- Other _____

Date of Incident ____/____/____

Action to be taken: Warning, Suspension, Dismissal
Other _____

If Incidence Occurs Again Action Will Be: _____

Employee Section

I agree with reasons for this warning and understand the consequences of any further violations. Initial _____

I disagree with the reasons for this warning because: _____

I have read and understand this warning notice.

Employee Signature _____ Date ____/____/____

Issuing Supervisor _____ Date ____/____/____

Copy to: Checkmate Employee File

