

**Employee Warning - Sample #1**

**NOTE:** This form is provided as a guide. It is without legal review. NAMTA suggests that any business utilizing any or all of this form do so after confirming that the information and/or questions on this form are appropriate according to the government bodies that have jurisdiction over your business, along with what questions are allowed, and along with being aware of applicable laws and regulations concerning confidentiality of employee information on medical condition or history.

<b>Employee</b>	<b>Warning Date</b>
<b>Department/Title</b>	<b>Shift</b>

**VIOLATIONS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Attendance               | <input type="checkbox"/> Personal Work | <input type="checkbox"/> Insubordination                    |
| <input type="checkbox"/> Tardiness                | <input type="checkbox"/> Work Quality  | <input type="checkbox"/> Conduct                            |
| <input type="checkbox"/> Unauthorized Absence     | <input type="checkbox"/> Carelessness  | <input type="checkbox"/> Willful Damage to Company Property |
| <input type="checkbox"/> Refusal to Work Overtime | <input type="checkbox"/> Safety        | <input type="checkbox"/> Other: _____                       |

**WARNINGS PREVIOUSLY**

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

**COMPANY STATEMENT**

SIGNED:	
TITLE:	DATE:

**EMPLOYEE STATEMENT**

<input type="checkbox"/> I <b>agree</b> with Company Statement	
<input type="checkbox"/> I <b>disagree</b> with Company Statement	
* REASONS:	
SIGNED:	
POSITION:	DATE:

**ACTION TAKEN**


I have read this Warning Notice and understand it.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISORSIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This form was refused by Employee SUPERVISOR SIGNATURE \_\_\_\_\_