

EMPLOYEE WARNING RECORD

Employee's Name: _____

Today's Date: _____

Shift: _____

Date of Violation: _____

Department: _____

Time of Violation: _____

Nature of Violation: _____

Type of Disciplinary Action being taken: (Circle One)

Oral Warning

Written Warning

Discharge

Suspension from

to

Return to work on

Failure to return to work on above date from a suspension, or to contact your department head of an impending absence, will be considered an attendance violation and will be handled per company policy.

Details of Violation: _____

Continued violations may result in further disciplinary action up to and including discharge.

Employee's Statement: _____

I have read this employee warning record and understand it.

Employee's Signature

Signature of person preparing warning

Witness