

DISCIPLINARY WARNING NOTICE

Employee _____ Employee no. _____

Department _____ Position _____

Date of Warning _____

Date of Violation _____ Time of Violation _____

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Nature of Violation

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Conduct | <input type="checkbox"/> Substandard Work |
| <input type="checkbox"/> Absence | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Disobedience | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Safety |

This is your First Second Warning.
Subsequent violations may lead to immediate dismissal.

Warned by _____

Supervisor _____

Remarks : _____

Action Taken: _____

I have read and understand the nature of this warning. I have made my comments on the back of this form.

Employee's Signature : _____ **Date:** _____