

EMPLOYEE WARNING REPORT

Employee's Name: _____ Date of Warning: _____ Dept. _____ Shift _____

Clock/Payroll No. _____

Type of Violation: ☐ Attendance ☐ Carelessness ☐ Disobedience
☐ Safety ☐ Tardiness ☐ Work Quality
☐ Other _____

W
A
R
N
I
N
G

Violation Date: _____

Violation Time: _____ a.m./p.m.

Violation Location: _____

Company Statement

Employee Statement

Check Proper Box:

- ☐ I concur with the Company's statement.
☐ I disagree with the Company's statement for the following reasons:

I have entered my statement of the above matter.

Employee's Signature _____ Date _____

Warning Decision

Approved By _____
Name Title Date

List All Previous Warnings Below

When Warned and By Whom

Previous Warning: 1st Warning

Date _____

Verbal _____

Written _____

Previous Warning: 2nd Warning

Date _____

Verbal _____

Written _____

Previous Warning: 3rd Warning

Date _____

Verbal _____

Written _____

I have read this "warning decision" and understand it.

Employee's Signature _____ Date _____

Signature of person who prepared warning Title Date

Supervisor's Signature _____ Date _____

Copy Distribution

- ☐ Employee ☐ Supervisor ☐ Foreman
☐ Personnel Dept. ☐ Union Rep.

IREMFIRST Disclaimer Statement

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