

EMPLOYEE WRITTEN WARNING

EMPLOYEE: _____
DEPARTMENT: _____

SUPERVISOR: _____
POSITION: _____

DATE OF OCCUREANCE: _____
DATE OF DISCIPLINE ACTION GIVEN: _____

This shall serve as a written warning for above employee.

Statement of the Violation:

Corrective Actions needed to take place by employee:

Amount of time allowed for improvement:

I understand the above violations and acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file

Employee Signature

Date

Manager/Supervisor Signature

Date

Witness's Signature

Date