EMPLOYEE WARNING REPORT

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

Payroll or Social Security Number _____-_____-_____

Type Of Violation	❑ Attendance	❑ Carelessness	❑ Disobedience	WARNING	Violation Date _____
	❑ Safety	❑ Tardiness	❑ Work Quality		Violation Time _____ am/pm
	❑ Other _____				Place Violation Occurred _____

County's Statement	Employee's Statement
	Check proper box ❑ I concur with the County's Statement ❑ I disagree with the County's statement for the following reasons I have entered my statement of the above matter Employee's Signature _____

Warning Decision

Approved by: _____

Name Title Date

List All Previous Warnings Below

When Warned And By Whom

Previous Warning: 1st Warning
Date: _____ Violation: _____
Type of Warning: ❑ Verbal ❑ Written ❑ Other _____

Previous Warning: 2nd Warning
Date: _____ Violation: _____
Type of Warning: ❑ Verbal ❑ Written ❑ Other _____

Previous Warning: 3rd Warning
Date: _____ Violation: _____
Type of Warning: ❑ Verbal ❑ Written ❑ Other _____

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

_____
Employee's Signature Date

_____
Signature of person who prepared warning Date

_____
Supervisor's signature Date

Copy Distribution: ❑ Employee ❑ Supervisor ❑ Employee's file ❑ Union Representative