

Employee Warning Notice

Attendance Policy Violation

Employee Name:

Employee ID:

Department:

Supervisor:

Date of Warning:

Description of Attendance Policy Violation:

Date(s) and Time(s) of Incident(s):

Previous Warnings (if any):

Corrective Action Required:

Employee Comments (Optional):

Employee Signature:

Date:

Supervisor Signature:

Date:

Note: Signing this notice does not necessarily indicate agreement with its content, only acknowledgement of receipt.