

Employee Warning Documentation

Employee Name:

Employee ID (if applicable):

Job Title:

Department:

Supervisor/Manager Name:

Date of Warning:

Warning Type

Verbal Written Final

Allegation Description

Incident Details (Including Date, Time, and Specifics):

Policy Violated

Employee's Explanation/Comments

Corrective Action Required

Consequences of Further Infractions

Employee Signature:

Date:

Supervisor/Manager Signature:

Date:
