

Employee Verbal Warning

Employee Information

Employee Name: _____

Date: _____

Employee ID: _____

Job Title: _____

Manager: _____

Department: _____

Type of Offenses

- | | | |
|--|--|--|
| <input type="checkbox"/> Tardiness/Leaving Early | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Violation of Company Policies |
| <input type="checkbox"/> Substandard Work | <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Rudeness to Customers/Coworkers |
| <input type="checkbox"/> Other: _____ | | |

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Manager Signature

Date