

YOUR LOGO  
HERE

Company Name

**Employee Written Warning**

**Employee Information**

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Manager: \_\_\_\_\_

Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_

**Type of Warning**

- First Warning       Second Warning       Final Warning

**Type of Offenses**

- Tardiness/Leaving Early       Absenteeism       Violation of Company Policies  
 Substandard Work       Violation of Safety Rules       Rudeness to Customers/Coworkers  
 Other: \_\_\_\_\_

**Details**

**Description of Infraction:**

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**Plan for Improvement:**

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**Consequences of Further Infractions:**

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**Acknowledgment of Receipt of Warnings**

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

\_\_\_\_\_  
Employee Signature      Date

\_\_\_\_\_  
Manager Signature      Date

\_\_\_\_\_  
Witness Signature (if employee understands warning but refuses to sign)      Date