EMPLOYEE DISCIPLINARY ACTION FORM

Employee:	Date of Warning:		
Department:	Supervisor:		
TYPE OF VIOLATION:	WARNING:		
☐ Attendance ☐ Carelessness ☐ Disobedience ☐ Safety ☐ Tardiness ☐ Work Quality ☐ Other	Violation Date: Violation Time: (a.m. / p.m.) Place Violation Occurred:		
EMP	PLOYER STATEMENT		
W	ARNING DECISION		
Approved by:			
Name	Title Dat	е	
List All Previous Warnings (when warned and by whom): Previous Warning: Date	and have received a copy of the s	I have read this "warning decision". I understand it and have received a copy of the same.	
Verbal Written Previous Warning: 2nd Warning	Employee Signature	Date	
Date Verbal Written		Date	
Previous Warning: 3rd Warning Date Verbal Written	COPY DISTRIBUT	COPY DISTRIBUTION	