|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Employee Warning NOTICE** |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **Employee Information** |  |
| Employee Name: |  | Date: |  |
| Employee ID: |  |  | Job Title: |  |  |
|  |  |  |  |  |  |  |
| Manager: |  |  | Department: |  |
|  |  |  |  |  |  |
|  |  |  |  | **Type of Warning** |  |
| Verbal Warning | Written Warning | Final Warning |
|  |  |  |  |  |  |
|  |  |  |  | **Type of Offense** |  |
| Attendance | Conduct | Violation of Policies & Procedures |
| Carelessness | Safety | Failure to Follow Supervisor Directive |
| Substandard Work | Inappropriate Patient Interaction | Documentation Untimely/with Errors |
| Other: |  |  |  |  |  |



**Details**

**DESCRIPTION OF INFRACTION:** *Attach supporting documentation, if applicable.*

**EMPLOYEE COMMENT:** *If left blank, it is by employee choice.*

**ACTION PLAN:** *For employee to improve with timeline. Note assistance/support supervisor is asked to provide by employee.*

**

**Acknowledgement of Receipt of Warning**

*I have read this “Warning Notice” and understand it. I acknowledge that a copy of this warning has been given to me this day and realize a copy will also be placed in my personnel file. Failure to correct the issue(s) stated above may result in further disciplinary action up to and including termination. I further understand that my signature indicates that I have received and reviewed this notice with my supervisor. I acknowledge I have been provided an opportunity to respond, in writing, to this notice and understand that my signature does not necessarily mean I agree.*

|  |  |
| --- | --- |
| *Employee Signature* | *Date* |
|  |  |
| *Supervisor/Manager Signature* | *Date* |
|  |  |
| *Witness Signature (if employee understands warning but refuses to sign)* | *Date* |