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| --- | --- | --- | --- | --- | --- |
|  |  |  | **EMPLOYEE WARNING NOTICE** |  |  |
| Employee Name: |  |  |  |  |  | Date: |  |
| Position: |  |  | Department: |  |  |  |
| \_\_\_\_\_Verbal warning | \_\_\_\_ First warning \_\_\_\_ Second warning |  | \_\_\_\_ Third warning |

Description of problem requiring improvement or correction (include specific dates & examples):

Specific changes in performance or behavior required and the time frame in which they must occur:

Date of follow-up review/evaluation of problem and correction :

**Failure of employee to correct problem may result in further disciplinary action up to and including termination of employment.**

Employee comments:

Employee signature: Date:

*Document if employee declines to comment or sign and obtain witness signature.*

Supervisor comments:

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor signature: |  | Date: |  |
| Next level of supervision or witness signature: |  |  |  |