



Employee Occurrence Notation Form

Employee name _____

Date: _____

Occurrence level: 1 2 3

Detailed description of occurrence (use additional page if necessary)

Date of occurrence _____

Witnessed or reported by _____

Prior actions

Date

Current action

Verbal warning _____

Verbal warning

Written warning _____

Written warning

Final written warning _____

Final written warning

Other: _____

Other: _____

Employee remarks

I understand that I may ask my supervisor for additional clarification of company policy or other related instruction that may help me avoid further occurrences. I understand that further violation of company policy could result in termination of my employment.

Employee signature _____

Date _____

Manager signature _____

Date _____