

First Warning Notice

Employee Name: _____

Date of Warning: _____

Date of Violation: _____ **Time of Violation:** _____

Type of Violation:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Intoxication or drugs | <input type="checkbox"/> Substandard work | <input type="checkbox"/> Disobedience |
| <input type="checkbox"/> Clocking out ahead of time | <input type="checkbox"/> Wrongful conduct | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Clocking out wrong time card | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Other: _____ | | |

Action Taken: _____

Additional Remarks: _____

Employee Comments: _____

This is your first warning of a company violation or unsatisfactory performance. Future violations may lead to immediate dismissal without further notice.

Employee Signature: _____

Supervisor: _____

Date: _____

This sample document contains information that you may use or modify for your practice's needs. Your needs may vary based upon the laws in your state. This document does not constitute legal advice.