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|  | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE WARNING NOTICE** | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE INFORMATION | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | | *\_employee\_name\_* | | | | | | | | Date: | | | *\_date\_* | | | |
| Employee ID: | | | | | *\_employee\_id\_* | | | | | | | | Job Title: | | | *\_job\_title* | | | |
| Manager: | | | | | *\_manager\_* | | | | | | | | Department: | | | *\_department\_* | | | |
|  | | | | | | | | | | | | | | | | | | | |
| MISCONDUCT CATEGORY | | | | | | | | | | | | | | | | | | | |
| **\_MA\_** | A | | Work Performance and Productivity | | | | | | | | **\_MD\_** | D | | Protection and Property | | | | | |
| **\_MB\_** | B | | Attendance | | | | | | | | **\_ME\_** | E | | Health, Safety and Physical Security | | | | | |
| **\_MC\_** | C | | Professional Conduct | | | | | | | | | | | | | | | | |
| ABSENCE IDENTIFIED AS | | | | | | | | | | | | | | | | | | | |
| MISCONDUCT LEVEL | | | | | | | | | | | | | | | | | | | |
| **\_LA\_** | Minor A | | | | | **\_LB\_** | Minor B | | | | | **\_LS\_** | Serious | | | | **\_LG\_** | Grave | |
| SANCTIONS | | | | | | | | | | | | | | | | | | | |
| **\_occ\_num\_** | | | | \_occurenc\_misconduct\_ | | | | | | | | | | | | | | | |
| PROGRESSION OF SANCTION | | | | | | | | | | | | | | | | | | | |
| **\_PD\_** | Documented Verbal Coaching | | | | | | | | | | | **\_PW\_** | Written Reprimand | | | | | | |
| **\_PF\_** | Final Written Reprimand | | | | | | | **\_PS\_** | Suspension | | | | | | **\_PT\_** | | Termination | | |
| INFRACTION DETAILS | | | | | | | | | | | | | | | | | | | |
| Date | | \_infraction\_details\_date\_ | | | | | | | | Place | | | \_place\_ | | | | | | |
| MANNER OF COMMISSION | | | | | | | | | | | | | | | | | | | |
| \_manner\_of\_commission | | | | | | | | | | | | | | | | | | | |
| SPECIFIC VIOLATED GUIDELINE(S)/POLICY | | | | | | | | | | | | | | | | | | | |
| **B. Attendance**  \_violation\_detail | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| \_MB\_ | | | | | | | | | | | | | | | | | | | |
| PLAN FOR IMPROVEMENT | | | | | | | | | | | | | | | | | | | |
| \_improvement\_plan | | | | | | | | | | | | | | | | | | | |
| CONSEQUENCES OF FURTHER INFRACTION(S): | | | | | | | | | | | | | | | | | | | |
| **\_further\_consequences\_**  **Final Written Reprimand** | | | | | | | | | | | | | | | | | | | |
| ACKNOWLEDGEMENT RECEIPT OF WARNINGS | | | | | | | | | | | | | | | | | | | |
| By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |
| Employee signature over printed name | | | | | | | | | | | | | | | | | | | Date Signed |
|  | | | | | | | | | | | | | | | | | | |  |
| Department Head signature over printed name | | | | | | | | | | | | | | | | | | | Date Signed |
|  | | | | | | | | | | | | | | | | | | |  |
| Witness signature over printed name (if employee refuses to sign) | | | | | | | | | | | | | | | | | | | Date Signed |