Employee Warning Record

Employee Name Date

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Current Position

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Full Time  Part Time

Leave Start Date Expected Return Date

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**Warning Type**

Verbal Warning  Written Warning  Final Written Warning  Suspension

**Warning Reason**

Absences  Tardiness  Failure to do job  Gross misconduct

Failure to comply  Disregard for supervisor/coworker/patient  Other

Explanation

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What improvements are required?

*List specific actions the employee must take to correct the situation or behavior.*

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Specific goals and performance improvements:

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Employee Comments

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I acknowledge that I have received this warning and understand that failure to comply with the above within the specified period, or receiving additional violations, will result in further disciplinary action up to and including termination.

Employee Signature Date Issued

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Manager Signature

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Witness Signature

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