Employee Warning Record

Employee Name Date

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| --- | --- | --- |
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Current Position

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 [ ]  Full Time [ ]  Part Time

Leave Start Date Expected Return Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

**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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