

Employee Warning Notice

PLEASE PRINT

Employee Name _____ Date of Warning _____

Employee Title _____ Department _____

Type of Violation

- | | | |
|--|---|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to Follow Instructions |
| <input type="checkbox"/> Rudeness to Employees or Students | <input type="checkbox"/> Violation of MCTC Policies | <input type="checkbox"/> Unsatisfactory Work Quality |
| <input type="checkbox"/> Violation of MCTC Procedures | <input type="checkbox"/> Willful Damages to Material or Equipment | <input type="checkbox"/> Working on Personal Matters (Computers/E-mail/Cell Phone) |
| <input type="checkbox"/> Other _____ | | |

Previous Warnings

	ORAL	WRITTEN	DATE	BY WHOM
1 st Warning				
2 nd Warning				
3 rd Warning				

Employer Statement

Date of Incident ____ / ____ / ____ Time ____ : ____ AM
PM

Employee Statement

- I agree with Employer's statement.
- I disagree with Employer's description of violation for these reasons:

Action to be taken: Warning Probation Suspension Dismissal Other _____

Consequence should incident occur again: _____

I have read this Employee Warning Notice and understand it.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR WHO ISSUED WARNING

DATE

Distribution: Original – HR & ED (personnel file), copy (employee and supervisor)