



EMPLOYEE WARNING NOTICE

Today's Date: _____
Date of Incident: _____

Supervisor: _____
Project Name: _____

Employee Information

Employee: _____
Job Position: _____

Project Name: _____
Project Location: _____

Warning Given For:

_____ No Safety Glasses
_____ No Safety Vest
_____ No Hard Hat
_____ Improper Use of PPE
_____ Not Properly Tied-Off
_____ Endangering Others
_____ Violation of Company Policy

_____ Absenteeism
_____ Tardiness/Leaving Early
_____ Substandard Workmanship
_____ Disregarding Instructions
_____ Insubordination
_____ Inappropriate Behavior
_____ Other (Describe Below)

Description of Reason for Warning:

Details of Infraction:

Consequences of Further Infractions:

This Notice Is:

____ First Warning ____ Second Warning ____ Final Warning ____ Termination

Corrective Action Taken:

_____ Retraining
_____ Re-Inspection
_____ Other (Explain): _____

_____ One Day Sit-Out
_____ Multiple Day Sit-Out
Number of Days: _____

ACKNOWLEDGMENT OF RECEIPT OF WARNING

By signing this form, I, the undersigned, confirm that I understand the information in this notice. I further confirm my Supervisor and I have Discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that I agree with the information contained in it.

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Witness: _____

Date: _____

(If employee understands this notice and refuses to sign.)