

## EMPLOYEE WARNING REPORT

Employees receiving this warning report are hereby put on notice of a violation of the Town's rules and/or standards of employee conduct. Further violation(s) may result in further discipline, including the possible termination of employment.

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Copy Forwarded to:      Employee Representative      Employee      Other:

### VIOLATION

<input type="checkbox"/> Attendance	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Lateness/Early Quit	<input type="checkbox"/> Violation of Company Policies or Procedures	<input type="checkbox"/> Violation of Safety Policies
<input type="checkbox"/> Unauthorized Absence From Work Area	<input type="checkbox"/> Willful Damage to Material/Equipment	<input type="checkbox"/> Working on Personal Matters/Conflict of Interest
<input type="checkbox"/> Substandard Work Quality	<input type="checkbox"/> Threatening or Engaging in Violence	<input type="checkbox"/> Unsatisfactory Behavior Towards Employees or Customers
<input type="checkbox"/> Drinking/Drugs While at Work	<input type="checkbox"/> Unfit for Duty	<input type="checkbox"/> Other: _____

### EMPLOYER'S STATEMENT

Violation Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYEE'S STATEMENT

I agree with Employer's Statement

I disagree with Employer's description of violation for these reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PREVIOUS WARNINGS

DATE	ORAL (Y/N)	WRITTEN (Y/N)	OTHER	SUPERVISOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ACTION

Warning       Suspension       Dismissal

Other: \_\_\_\_\_

### TIMETABLE FOR IMPROVEMENT

Immediate       30 days       60 days

Other: \_\_\_\_\_

### CONSEQUENCES

Failure to Improve will result in:  Warning     Suspension     Dismissal     Other: \_\_\_\_\_

I HAVE READ THIS EMPLOYEE WARNING REPORT AND UNDERSTAND IT.       EMPLOYEE DECLINES TO SIGN

Employee Acknowledgement of Receipt      Date      Supervisor Signature      Date

\*\*ORIGINAL TO BE PLACED IN PERSONNEL FILE\*\*