WESTERN IDAHO EMPLOYEE SERVICES, INC.

Employee Warning Notice

EMPLOYER SECTION

EMPLOYEE NAME _____ DATE OF NOTICE ___/ ___/ ___

EMPLOYEE #, DEPT. _____

CHECK TYPE OF VIOLATION BEING NOTED:

☐ Attendance ☐ Rudeness ☐ Abuse of Co. Equip

☐ Tardiness ☐ Safety Violation ☐ Violation of Co. Rules

☐ Work Quality ☐ Failed to Follow Instructions Other _____

Date of incident ____/ ____/ ____

Action to be taken: ☐ Warning, ☐ Suspension, ☐ Dismissal

Other _____

If Incidence Occurs Again Action Will Be: _____

_____

EMPLOYEE SECTION

I agree with reasons for this warning and understand the consequences of any further violations. Initial _____

I disagree with the reasons for this warning because:_____

_____

_____

I have read and understand this warning notice:

Employee Signature_____ Date ___/___/___

Issuing Supervisor_____ Date ___/___/___