

# EMPLOYEE WARNING NOTICE FORM



Employee Name: Sophy Luy

Date: 9/30/2021

Supervisor Name: Peter Draheim

Hire Date: 8/20/2021

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Verbal Warning              | <input checked="" type="checkbox"/> Written Warning | <input type="checkbox"/> Final Warning |
| <input type="checkbox"/> Coaching/Counseling Session | <input type="checkbox"/> Assignment End             | <input type="checkbox"/> Termination   |

**1. Your behavior/actions have been found unsatisfactory for the following reasons:**

- |   |  |
|---|--|
| <input type="checkbox"/> Tardiness                    | <input type="checkbox"/> Insubordination                       |
| <input type="checkbox"/> Damaged Equipment            | <input type="checkbox"/> Failure to Follow Procedure           |
| <input checked="" type="checkbox"/> Absenteeism       | <input type="checkbox"/> Failure to Meet Performance Standards |
| <input type="checkbox"/> Policy Violation             | <input type="checkbox"/> Poor Work Quality                     |
| <input type="checkbox"/> Falsifying Company Documents | <input type="checkbox"/> Other                                 |

**2. Details of Unsatisfactory Behavior/Actions:**

Unexcused absence on 9/24/2021 to 9/26/2021

**3. Prior Warnings:**

Notified upon hire

**4. The following immediate corrective action must be taken by the employee.**

Go two months without any unexcused absences or it may result in further disciplinary action.

Employee Signature:  Date: 10-6-21

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature:  Date: 10-8