



### EMPLOYEE WARNING REPORT

Employee: <i>My Lam</i>	
Social Security #	Client Co. <i>Reichel Foods</i> Dept.
Warning Date <i>8-7-07</i>	Violation Date <i>8-6-07</i>
Violation Time	Violation Place <i>H-1</i>

VIOLATION	VIOLATION
Alcohol/Drug Abuse <input type="checkbox"/>	Insubordination <input type="checkbox"/>
Attendance <input type="checkbox"/>	Safety Violation <input type="checkbox"/>
Behavior <input checked="" type="checkbox"/>	Tardiness <input type="checkbox"/>
Conduct <input type="checkbox"/>	Unsatisfactory Work <input type="checkbox"/>
Policies and Procedures <input type="checkbox"/>	Work Rule <input type="checkbox"/>
Fighting <input type="checkbox"/>	Other: <input checked="" type="checkbox"/>

COMPANY STATEMENT		
Description of incident: <i>eating apple during line work. Poor example to other employees.</i>		
By: <i>M. Snye</i>	Title: <i>On-Site Mgr</i>	Date: <i>8/7/07</i>

EMPLOYEE STATEMENT	
<input type="checkbox"/> I agree with the company statement	<input type="checkbox"/> I do not agree with the company statement
Employee Comments: _____	
Employee Signature: _____	Date: _____

\* Verbal warnings do not require the employee's signature. Written warnings must be signed by the employee. Reports of both verbal and written warnings must be filed in the employee's file. It is not necessary to give the employees a copy of the verbal reports. Employees must be given a copy of written warning reports.

*Reviewed policy w/ My Lam.  
Promised not to repeat behavior.*



### EMPLOYEE WARNING REPORT

Employee:	<i>My Lam</i>		
Social Security #	<i>324-84-7644</i>	Client Co.	<i>Reichel Foods Dept. NO 1</i>
Warning Date	<i>12-3-07</i>	Violation Date	<i>12/2/07</i>
Violation Time		Violation Place	<i>R.F.</i>

VIOLATION		VIOLATION	
Alcohol/Drug Abuse	<input type="checkbox"/>	Insubordination	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	Safety Violation	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	Tardiness	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	Unsatisfactory Work	<input type="checkbox"/>
Policies and Procedures	<input type="checkbox"/>	Work Rule	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	Other:	<input type="checkbox"/>

COMPANY STATEMENT	
Description of incident:	<i>No call no show. Explained that she needs to report when she can't work. Also A.C. would like to know ahead of time if they wish to take the day off.</i>
By:	<i>M. Sage</i> Title: <i>On-Site Mgr.</i> Date: <i>12-3-07</i>

EMPLOYEE STATEMENT	
<input type="checkbox"/> I agree with the company statement	<input type="checkbox"/> I do not agree with the company statement
Employee Comments:	
<i>Took medication. Could not wake up.</i>	
Employee Signature:	<i>My Lam</i> Date: <i>Dec. 3, 2007</i>

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