



EMPLOYEE WARNING NOTICE FORM

Employee Name: Marcus Platz

Date: 02-10-17

Supervisor Name: Matt Heaton

First Warning Second Warning Other

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 checked="" type="checkbox"/> Failure to Follow Procedure |
| <input 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 |

1. Details of Unsatisfactory Behavior/Actions: Per company policy, Marcus did not promptly report an injury that occurred at work on 2-8-17 and the proper paper work was not completed on a timely basis. Marcus chose to be seen by his personal physician instead of following protocol that was discussed in orientation. This may result in Marcus being responsible for the medical bill.

**2. The following immediate corrective action must be taken by the employee.
Failure to do so will result in further disciplinary action up to and including termination.**

Immediately inform the supervisor on duty of any injuries that occur regardless of the nature of the injury.

Employee Signature: Marcus Platz Date: 2-10-2017

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

Manager's Signature: Matt Heaton Date: 2-10-17