



EMPLOYEE WARNING FORM

Employee Name		Hire Date	
Store #		Job Title	
Warning Date		Previous Warning Date	

Nature of Incident (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Tardiness / Absenteeism | <input type="checkbox"/> Guest Courtesy | <input type="checkbox"/> Policy Breach |
| <input type="checkbox"/> Language | <input type="checkbox"/> Substandard Quality of Work | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Conduct | <input type="checkbox"/> Damaged Equipment |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other _____ |

The Above Incident(s) Occurred (List the time & date) at ____:____ AM / PM on ____/____/____.

This is the: First Warning ____ Second Warning ____ Third Warning ____

This Warning Has Led to Termination (Circle one): YES NO

Employer's Remarks (Be as specific as possible):

Corrective Action to be Taken:

Employee's Remarks:

The absence of any statement on the part of the team member indicates his/her agreement with the report as stated.

I have entered my version of the matter above. I hereby acknowledge that I have read and understand the contents, both verbal and written, of this warning with regard to my job performance. The above will be made part of my record, as of this date.

Employee's Signature _____ Date ____/____/____

Supervisor's Signature _____ Date ____/____/____