

EMPLOYEE WARNING FORM

Employee Name	Hire Date					
Store #	Job Title					
Warning Date	Previous Warning Date					
Nature of Incident (Check all that apply).	:					
Tardiness / Absenteeism	Guest Courtesy		Policy	Breach		
Language	Substandard Quality of Work		Insubo	rdinatio	n	
Uncooperative	Conduct		Dama	ged Equ	ipment	
Food Safety	Carelessness		Other			
The Above Incident(s) Occurred (List th	ne time & date) at: AM / PM on	/_				
This is the: First Warning	Second Warning	Third	Warning			
This West and I also be also To see the see	(0: / NEO NO					
This Warning Has Led to Termination ((Circle one): YES NO					
Employer's Remarks (Be as specific as	nossible):					
Employer 3 Hernarks (De as specime as	possioie).					
Corrective Action to be Taken:						
Employee's Remarks: The absence of any statement on the part	t of the team member indicates his/her agreem	ent with	the repo	t as stat	ted	
The about the clark state ment on the par-	t of the team member maleades memor agreem	0110 111111	шо торо	r ao otat		
	bove. I hereby acknowledge that I have read a my job performance. The above will be made					bal
Employee's Signature	_	Date _				
Supervisor's Signature		Date		/		

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2/20/19