

WARNING REPORT

EMPLOYEE WRITE UP

Three Sisters Group, LLC

EMPLOYEE INFORMATION

Employee Name:

Date of Notice:

Department:

Date of Occurrence:

TYPE OF WARNING

First Warning

Second Warning

Third Warning

Tardiness / Leaving Early

Violation of Company Policies

Absenteeism

Failure to follow instructions

Unauthorized Absence from Work Area

Quality of Work

Language

Working on personal matters

Threatening or Engaging in Violence

Rudeness to Customers/Coworkers

Other : _____

Drinking/Drugs while at Work

DESCRIPTION

Details of Occurrence

ACTION

Warning

Suspension

Termination

ACKNOWLEDGMENT OF RECEIPT OF WARNINGS

Employee Signature

Date

Note: Your signature on this form means that we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.

Manager Signature

Date

Witness Signature (if employee understands but refuses to sign)

Date