



South Cove Community Health Center Inc.

Employee Warning Notice

Employee Information

Employee Name: _____ Date: _____
 Location/Site: _____ Job Title: _____
 Manager: _____ Department: _____

Type of Warning

First Warning Second Warning Final Warning

Type of Offenses

Tardiness/Leaving Early Absenteeism Violation of Company Policies
 Substandard Work Violation of Safety Rules Rudeness to Customers/Coworkers
 Other: _____

Details

Description of Infraction:
Plan for Improvement:
Consequences of Further Infractions: <input type="checkbox"/> Suspension <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Other (please describe)

Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature Date

Manager Signature Date

Witness Signature (if employee understands warning but refuses to sign) Date