

County of Dukes County

Employee Warning Notice

Employee Name: _____

Date of Notice: _____

Employee Title: _____

Shift: _____

Supervisor: _____

Violation

☐

Attendance

☐

Tardiness

☐

Workplace Security

☐

Workplace Safety

☐

Other: _____

Violation Description:

Employee Concurrence

☐ Yes I concur with this violation notice ☐ No, I do not concur with this violation notice

Employee Signature

Date

Warning Type

☐

Verbal

☐

Written

(Note: attach documentation to this notice)

Approved by:

Name: _____ Title: _____ Date: _____

Previous Warnings

- | | | | |
|----|-------------|---------------------------------|----------------------------------|
| 1. | Date: _____ | <input type="checkbox"/> Verbal | <input type="checkbox"/> Written |
| 2. | Date: _____ | <input type="checkbox"/> Verbal | <input type="checkbox"/> Written |
| 3. | Date: _____ | <input type="checkbox"/> Verbal | <input type="checkbox"/> Written |

Receipt Acknowledgement

I have read this warning and I am aware of its contents

Employee Signature & Date

Supervisor Signature & Date