# Advice of Employee warning

Warning (please tick): ⬜ first ⬜ second ⬜ third and final

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person issuing warning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This warning is about:

Employee’s comments:

The Employee must do the following:

If the Employee does not improve the following action will be taken:

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Follow-up / review date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Signed (person issuing warning)

Signed (employee acknowledgement of receipt of warning)

Signed (management witness)

 (print name and position)

Signed (employee witness)

 (print name and position)