

MP TECHNOLOGIES, LLC

Employee Warning Notice

Employee Name:	Date of Warning
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Employee Number:	Department:	Shift:	
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Type of Violation

Attendance/late/leave early	Carelessness	Insubordination	
Work Performance	Failure to Follow Instructions	Violation of Safety Rules	
Rudeness to Employee/ Customers	Willful Damage Material/Equipment	Working of Personal Matters	

Previous Warnings

	VERBAL	WRITTEN	DATE	BY WHOM
1st Warning				
2nd Warning				
3rd Warning				

Date of Incident	Time –(list a.m. p.m.)		I Agree with Employer’s Statement.
			I Disagree with Employer’s description of violation.

Employers Statement	Employees Statement
	The reasons are:

Action to be taken

	Warning		Probation		Suspension		Dismissal		Other
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Consequence should incident occur again:

I have read this Employee Warning Notice and understand it.

Signature of Employee

Date

Signature of Supervisor Who Issued the Warning- Date

cc: Employee File