

**WESTMINSTER COLLEGE
EMPLOYEE DISCIPLINE WARNING NOTICE**

Employee Name:	Employee Number:															
Job Title:	Department:															
Supervisor:	Date of Notice:															
<p>Type of Problem</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Attendance</td> <td><input type="checkbox"/> Quality of Work</td> <td><input type="checkbox"/> Carelessness</td> </tr> <tr> <td><input type="checkbox"/> Tardiness</td> <td><input type="checkbox"/> Quantity of Work</td> <td><input type="checkbox"/> Safety</td> </tr> <tr> <td><input type="checkbox"/> Insubordination</td> <td><input type="checkbox"/> Disruptive Behavior</td> <td><input type="checkbox"/> Intoxication or Drinking</td> </tr> <tr> <td><input type="checkbox"/> Policy Breach</td> <td><input type="checkbox"/> Harassment</td> <td><input type="checkbox"/> Fighting</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Attendance	<input type="checkbox"/> Quality of Work	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Quantity of Work	<input type="checkbox"/> Safety	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Intoxication or Drinking	<input type="checkbox"/> Policy Breach	<input type="checkbox"/> Harassment	<input type="checkbox"/> Fighting	<input type="checkbox"/> Other:		
<input type="checkbox"/> Attendance	<input type="checkbox"/> Quality of Work	<input type="checkbox"/> Carelessness														
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Quantity of Work	<input type="checkbox"/> Safety														
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Intoxication or Drinking														
<input type="checkbox"/> Policy Breach	<input type="checkbox"/> Harassment	<input type="checkbox"/> Fighting														
<input type="checkbox"/> Other:																
Incident Occurred on:	Previous Warnings:															
Date:	<input type="checkbox"/> First Notice Date: By Whom:															
Time:	<input type="checkbox"/> Second Notice Date: By Whom:															
Place:	<input type="checkbox"/> Third Notice Date: By Whom:															
	<input type="checkbox"/> Other: Explain Other:															
<p>Manager Explanation and Warning Decision</p> <ol style="list-style-type: none"> 1. Describe in detail what the employee has done. 2. Cite how this interferes with work environment, employee performance, business operations, or the well being of other employees or your department. 3. Cite the specific rule, policy, law, standard, or regulation that was violated. 4. Explain in detail what the employee must do to improve performance or change behavior. 5. Cite date that improvements are to be achieved. 6. Cite the warning decision and consequences if improvements are not achieved by date specified. <p><i>Note: Attach separate page if needed for more detailed explanations.</i></p>																
<p>Employee Response:</p> <input type="checkbox"/> I concur with the Employer's statement. <input type="checkbox"/> I disagree with the Employer's description of the problem. The reasons are: <p><i>Note: Attach separate page if needed for more detailed explanations.</i></p>																
Employee's Signature:	Date:															
Supervisor's Signature:	Date:															
Cabinet Member's Signature:	Date:															

