

# Employee Warning Notice

PLEASE PRINT

Employee Name Scott Anderson Date of Warning 11 / 2 / 01  
Employee/Payroll # 305 Department STATION CONTROL Shift 2000-7

## Type of Violation

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attendance                         | <input checked="" type="checkbox"/> Carelessness                     | <input type="checkbox"/> Insubordination                             |
| <input type="checkbox"/> Lateness or Early Quit             | <input type="checkbox"/> Failure to Follow Instructions              | <input type="checkbox"/> Violation of Safety Rules                   |
| <input type="checkbox"/> Rudeness to Employees or Customers | <input type="checkbox"/> Willful Damage to Material or Equipment     | <input type="checkbox"/> Working on Personal Matters                 |
| <input type="checkbox"/> Unsatisfactory Work Quality        | <input type="checkbox"/> Violation of Company Policies or Procedures | <input checked="" type="checkbox"/> Other <u>CHP Accident Report</u> |

## Previous Warnings

	ORAL	WRITTEN	DATE	BY WHOM
1st Warning			/ /	
2nd Warning		<u>N/A</u>	/ /	
3rd Warning			/ /	

## Employer Statement

Date of Incident 9 / 27 / 01 Time 11:20 <sup>AM</sup>  
Failed To give Turn Signal  
prior To LEFT TURN which  
caused vehicle Accident  
According To CHP Report.

## Employee Statement

- ☒ I agree with Employer's statement.  
☐ I disagree with Employer's description of violation for these reasons:

I do make it a habit to use my  
turn signal, And I do feel this  
accident could of been prevented  
if the other driver went slower  
and used a little caution  
EMPLOYEE SIGNATURE Scott Anderson DATE 11/1/01

## Action to be taken

☒ Warning ☐ Probation ☐ Suspension ☐ Dismissal ☐ Other \_\_\_\_\_

Consequence should incident occur again NEXT STEP IN ACCORDANCE WITH  
OUTLET POLICIES.

## I have read this Employee Warning Notice and understand it.

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR WHO ISSUED WARNING

DATE

DATE

## Routing



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