

St. Clair County

Employee Warning Report

Name _____ Date _____

Department: _____ Warning: 1st _____ 2nd _____ 3rd _____
Date Date Date

- | | |
|--------------------------------------|---|
| 1 () Unreported Absence | 11 () Reporting Under the Influence of Intoxicants |
| 2 () Tardiness | or Illegal Drugs |
| 3 () Drinking on Duty | 12 () Violation of Safety Rules |
| 4 () Insubordination | 13 () Defective and /or Improper Work |
| 5 () Dishonesty | 14 () Carelessness |
| 6 () Failure to Follow Instructions | 15 () Destruction of County Property |
| 7 () Fighting on Premises | 16 () Unsatisfactory Performance (specify) |
| 8 () Leaving Without Permission | 17 () Falsification of Records |
| 9 () Housekeeping | 18 () Smoking in Prohibited Area |
| 10 () Improper Conduct (specify) | 19 () Excessive Absenteeism |
| | 20 () Other (specify) |

Reason for Warning _____

Employee Comments _____

Supervisor/Department head Signature

Personnel Representative

Signature of Employee to acknowledge

Receipt of warning

Signature of Employee

Date of Violation: _____ Time: _____

FINAL DISPOSITION:

Place where violation occurred: _____

Approved by:

Title:

Date:
