



American Payroll and Benefits I, LLC
PO Box 189 Ocala, FL 34478
Phone: 352-624-1999 Fax: 352-342-9356

EMPLOYEE WARNING NOTICE

Name: _____ Date: _____ Warning #: _____

Client Name: _____

NATURE OF WARNING

- | | |
|--|---|
| <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Unexcused Absence(s) |
| <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Excessive Absences |
| <input type="checkbox"/> Poor Productivity | <input type="checkbox"/> Disobedience |
| <input type="checkbox"/> Tardiness/Leaving Early | <input type="checkbox"/> Conduct |
| <input type="checkbox"/> Other | |

Please explain reason:

PREVIOUS WARNINGS

1 st Warning	<input type="checkbox"/> Written	<input type="checkbox"/> Verbal	Date: _____
2 nd Warning	<input type="checkbox"/> Written	<input type="checkbox"/> Verbal	Date: _____
3 rd Warning	<input type="checkbox"/> Written	<input type="checkbox"/> Verbal	Date: _____

Employer Comments:

Disciplinary Action Taken:

**I hereby state that I have read and understand this notice and understand that any further issues will be subject to further disciplinary action leading up to and including termination..*

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Witness Signature: _____ Date: _____