

Employee Warning Notice



Date of Notice:	
Employee Name:	
Employee ID:	
Branch:	
Department:	
Job Title:	

Type of Warning

- ☐ Meeting
☐ Verbal Warning
☐ Written Warning

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Type of Violation

Date/Time of Incident:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tardy/Left Early | <input type="checkbox"/> Violation of Company Policies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inappropriate Behavior | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unsatisfactory Performance | <input type="checkbox"/> Safety | <input type="checkbox"/> Other: _____ |

Description of Violation

Actions to be Taken

- ☐ Warning ☐ Probation ☐ Suspension ☐ Discharge ☐ Other: _____

Consequence should incident occur again:

Employee Statement:

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

I have read and understand this employee warning notice.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____