



EMPLOYEE WARNING NOTICE

Associate

SSN or Associate Number

Position

- | | |
|--|---|
| <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Poor Performance |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Poor Attitude |
| <input type="checkbox"/> Excessive Absence | <input type="checkbox"/> Carelessness or Negligence |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Abandonment of Position | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Failure to Obey Work Orders | <input type="checkbox"/> Violation of Safety Procedures |
| <input type="checkbox"/> Improper Conduct | <input type="checkbox"/> Other: _____ |

Comments:

I acknowledge this warning has been discussed with me. My supervisor has offered me any Company published or verbal guidance I have requested, except as noted below. I understand that McDaniels' employment is at-will, and any future violations of Company policy, procedures or performance standards may result in disciplinary action, **up to and including termination.**

Associate Signature

Date

Supervisor Signature

Date