

ESCO GROUP EMPLOYEE WARNING REPORT

Employee's Name _____

Clock No: _____ Department: _____ Shift: _____

Today's Date: _____ Violation Date: _____

Violation Time: _____ Violation Place: _____

VIOLATION

Alcohol/Drug Use	<input type="checkbox"/>	Safety Violation	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	Substandard Work	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	Tardiness	<input type="checkbox"/>
Carelessness	<input type="checkbox"/>	Work Rule Violation	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	Other	<input type="checkbox"/>
Disobedience	<input type="checkbox"/>	Fighting	<input type="checkbox"/>

COMPANY STATEMENT AND DETAILS

Specifically: _____

By: _____ Title: _____ Date: _____

EMPLOYEE STATEMENT

I agree with the company statement ☐

I do not agree with the company statement ☐

Specifically: _____

Employee Signature: _____ Date: _____