CHRONIC TACOS

Employee Written Warning

Employee's Name _____ Store No. _____

Date of Counseling ____/____/____ Time _____ AM / PM

Warning

Date of Violation: ____/____/____ Time of Violation: _____ AM / PM

Nature of Violation:

☐ Substandard Work ☐ Conduct ☐ Tardiness ☐ Uncooperative ☐ Carelessness

☐ Disobedience ☐ Insubordination ☐ Other _____

Employer's Remarks

_____

_____

_____

Corrective Action to Be Taken

_____

_____

_____

Employee's Remarks

The absence of any statement on the part of the employee indicates his/her agreement with the report as stated.

_____

_____

_____

By signing this form, you verify that you have received the information presented above. You also verify that you and your manager discussed the warning and have decided on a plan for improvement. The above will be made a part of the employee's record, as of this date.

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____