

# CITY OF ANDERSON, SOUTH CAROLINA

EMPLOYEE WARNING NOTICE

DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE OF VIOLATION: \_\_\_\_\_

VIOLATION:    ☐ Substandard Work                      ☐ Conduct  
                    ☐ Carelessness                                      ☐ Tardiness  
                    ☐ Absenteeism                                      ☐ Insubordination  
                    ☐ Other (Explain): \_\_\_\_\_

DETAILS OF VIOLATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TO BE TAKEN: \_\_\_\_\_  
\_\_\_\_\_

HAS EMPLOYEE BEEN PREVIOUSLY WARNED:    ☐ YES                      ☐ NO

1<sup>st</sup> Warning: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Warning: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

Original to Personnel  
One Copy for Department File  
One Copy for Employee