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| **Driver Warning Notice** |
| **EMPLOYEE INFORMATION**Employee Name: Date:           Employee ID: Job Title: |
|            Manager: Department:           **TYPE OF WARNING** First Warning Probation Warning Final Warning**TYPE OF OFFENSE** Traffic Violation – Non-Moving Traffic Violation – Moving Violation of Safety Rules Violation of Fleet Safety Policy Other:      **DETAILS**Description of Infraction:      Plan for Improvement:      Consequences for Further Infractions:      **ACKNOWLEDGEMENT OF RECEIPT OF WARNING***By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.*Employee Signature: Date:           Manager Signature: Date:           Witness Signature: Date:            |
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