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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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