

KEEP THIS FORM IN THE EMPLOYEE'S STORE FILE UNLESS TERMINATED. IF TERMINATED, FAX A COPY TO THE HOME OFFICE AND SEND THE ORIGINAL IN WITH THE WEEKLY PAPERWORK.

LATE SLIP # 1.

LOCATION: _____ DATE: _____

MANAGERS NAME: _____ EMPLOYEES NAME: _____

DATE LATE: _____ TIME AMT LATE: _____

MANAGER'S SIG: _____ EMP. SIG.: _____

.....

LATE SLIP # 2.

LOCATION: _____ DATE: _____

MANAGERS NAME: _____ EMPLOYEES NAME: _____

DATE LATE: _____ TIME AMT LATE: _____

MANAGER'S SIG: _____ EMP. SIG.: _____

.....

LATE SLIP # 3.

LOCATION: _____ DATE: _____

MANAGERS NAME: _____ EMPLOYEES NAME: _____

DATE LATE: _____ TIME AMT LATE: _____

MANAGER'S SIG: _____ EMP. SIG.: _____

.....

LATENESS WARNING SLIP

I HAVE BEEN INFORMED THAT IF I AM LATE AGAIN MY EMPLOYMENT WILL BE TERMINATED.

LOCATION: _____ DATE: _____

MANAGER'S SIGNATURE: _____

EMPLOYEE'S SIGNATURE: _____

.....

COMMENTS: