Attendance write-up form

Employee: _____

Position: _____

Manager: _____

Date: _____

Date	Scheduled start	Clock-in	Minutes late	Absent (Y/N)	Called in (Y/N)	Protected leave (Y/N)	Points

Total points: _____

Policy limit for this step: _____

Action taken: _____

Protected leave (FMLA, legally protected sick leave, jury duty and other protected absences) is not counted.

My signature confirms that this write-up was discussed with me and that I received a copy. It does not mean I agree. I may attach a written response.

_____ _____

Employee signature Date

_____ _____

Manager signature Date

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