Restaurant and retail employee write-up form

Employee name: _____

Position: _____

Location: _____

Shift (date and time): _____

Manager on duty: _____

Issue

☐ Cash handling or register variance ☐ Voids, comps or discounts ☐ Food safety or sanitation

☐ Guest or customer service ☐ Dress code or hygiene ☐ Side work or closing duties

☐ Late, left early or missed break rules ☐ Phone use ☐ Other

What happened (facts, amounts, ticket or receipt numbers):

_____

(continued): _____

Policy or standard: _____

Action

☐ Coaching (documented) ☐ Written warning ☐ Final warning ☐ Removed from shift (paid / unpaid)

What must change: _____

Retraining (date and trainer): _____

Next step if it happens again: _____

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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