Employee write-up form

Employee name: _____

Job title: _____

Manager: _____

Date of write-up: _____

Date of incident: _____

Type of issue

☐ Attendance ☐ Tardiness ☐ Performance ☐ Conduct ☐ Safety ☐ Policy violation ☐ Other

Description

What happened (facts, dates, times): _____

(continued): _____

(continued): _____

Policy or rule: _____

Action

☐ Documented verbal warning ☐ Written warning ☐ Final warning ☐ Suspension ☐ Termination

What must change: _____

Consequence 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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