

Employee Write Up Form

Section 1: Employee Information

Employee Name:		Date of Notice:
Employee ID:	Employee Department:	Date of Offense(s):
Employee Job Title:	Eyewitness Name:	Manager Name:

Section 2: Type of Notice (select one)

<input type="checkbox"/> Note to File	<input type="checkbox"/> Minor Offense	<input type="checkbox"/> Major Offense(s)	<input type="checkbox"/> Major Offenses or Final Warning
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Any Offense may result in suspension or termination, depending on the severity of the Offense(s) and damage caused. Suspension or Termination may be the result of multiple offenses on one occasion; harm to self or others; major property damage; theft or other crime committed; and/or it is a repeated Offense with one or more Corrective Action Notices already on file.

Section 3: Type of Offense (select one or more)

<input type="checkbox"/> Tardiness	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Inappropriate remarks/foul language
<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Violation of Safety practices	<input type="checkbox"/> Improper behavior to Co-workers
<input type="checkbox"/> Left Early without permission	<input type="checkbox"/> Violation of Other Rules/Policies	<input type="checkbox"/> Improper behavior to Customer
<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Theft of property	<input type="checkbox"/> Disrespectful and/or Aggressive
<input type="checkbox"/> Unauthorized Use of Drugs, Alcohol, etc. on company property		<input type="checkbox"/> Other:

Section 4: Details (list facts only)

Describe what happened (List Facts, Include details, damages, results, injuries, or other facts)

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Corrective Action Plan (Expected behavior, goals and/or actions to implement)

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Consequences of Further Offenses, or failure to follow the Corrective Action Plan

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☐ **Yes** ☐ **No** **Emergency personnel contacted because of this offense** (If yes, write down the responders and the results)

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Consequences of this Violation (complete only if this applies)		Suspension	Termination
	Dates	From: _____ To: _____	Last day: _____

Section 5: Acknowledgement of Review of Corrective Action Notice

By signing this form, you confirm that you understand the information included. You also confirm that the employee and the manager have discussed the offense, a corrective action plan, and the consequences. Signing this form does not necessarily indicate that you agree with everything included in this report.

Employee Signature	Date
Manager Signature	Date
Witness Signature	Date

If the employee, manager, or witness would like to discuss this notice with any other parties employed by this company, please contact the appropriate person. (Human Resources, Owner, District Manager, General Manager, Assistant General Manager)