

YOUR LOGO
HERE

Company Name

Employee Write Up

Employee Information

Employee Name:

Date:

Employee ID:

Job Title:

Manager:

Department:

Type of Warning

☐

First Warning

☐

Second Warning

☐

Final Warning

Type of Offenses

☐

Tardiness/Leaving Early

☐

Absenteeism

☐

Violation of Company Policies

☐

Substandard Work

☐

Violation of Safety Rules

☐

Rudeness to Customers/Coworkers

☐

Other: _____

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date

